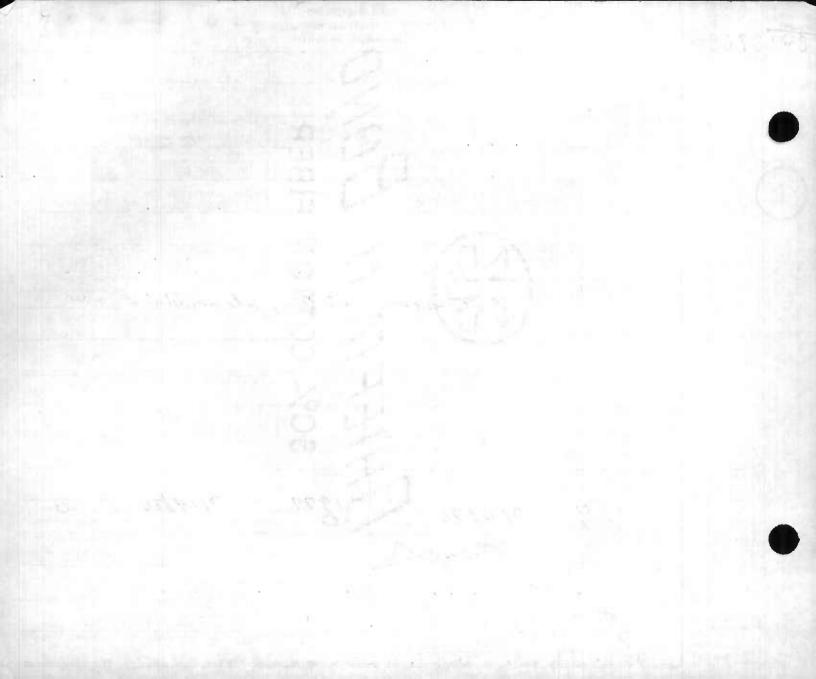
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STATE OF MARYLAND

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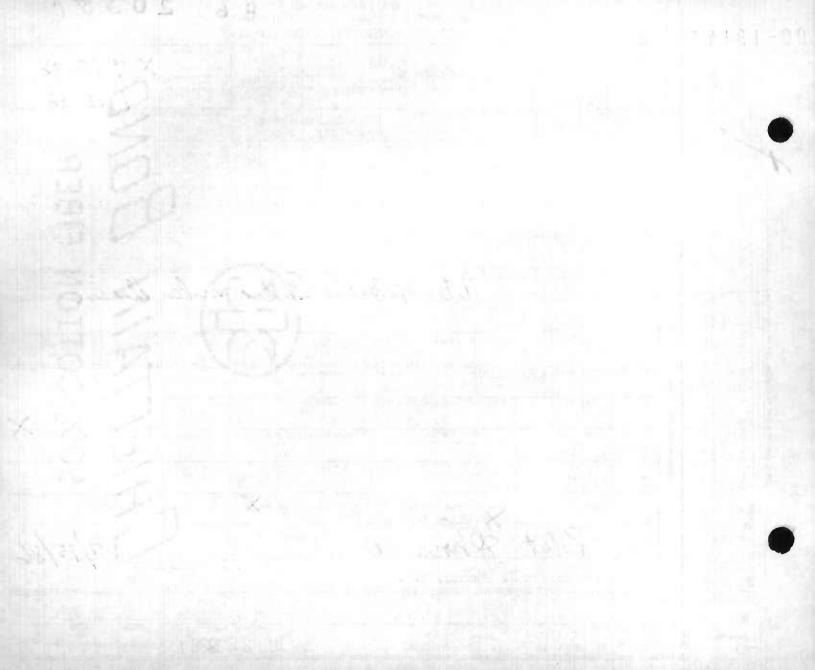
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH. 1. DECEASED NAME MONTH 2h HOUR HARLES KS Jr. 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) UNDER I YEAR Male Dec. 26, 1919 White 66 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Frederick County. DIVORCED TY WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Tool and Die Co. Maryland Hospital Lathe Operator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY 303 Willow Ave. Maryland Frederick Frederick NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Banks, Sr. MIDDLE Mulcahev Susie Charles Day 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1302 Hillcrest Driv YES, NO OR UNKNOWN) 214-10-2895 Michael J. Mulcahey, Sr., Frederick BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 1 ERMINAC MIETASTATUL LUNG CANCEN IMMEDIATE CAUSE ID DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_\_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 22e.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE DEGREE 220 DATE SIGNED with ATTENDING MEDICAL STAFF should be dete with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS D. Frederick M. dr731 187 known G. 0 8 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Frederick, Frederick, Md. 1986 Mt. Olivet Cemetery July 11 Sinjun, Reeney and Basford 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

106 East Church St., Frederick, Md. 21701

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STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME 20 DATE KNOWN CTYPE OR PRINTS OF DEATH MATED HERMAN EUGENE BAUMGARDNER 1 SEX 4 RACE DATE OF BIRTH A AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD MALE WHITE 12 09 34 51 TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED XX MD USA DIVORCED FREDERICK 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY FREDERICK W. All Saints St. PATNTER USUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 136 CITY OF TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS MD FREDERICK FREDERICK YESXX NO 111 W. All Saints St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LEWIS ALLISON BAUMGARDNER KATHERINE TRENE STOTTLEMYER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 216-30-3167 MANDELLA PAYNE FREDERICK, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OF TOWN STATE AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinion death resulted fram: Hamicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOW TO FUNERAL D AFIER DEATH ACTUAL Toll House Ave EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 7/18/86 BURLAL MT. OLIVET CEMETERY FREDERICK FREDERICK 07/84 25M 24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 256 REGISTRAR'S SIGNATURE **DHMH** - 17 1621 Opossumtown Pike, Frederick, MD (VR A15 ME (5))



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IMORE, n and co Pages 1		VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	166 SOCIAL SECUI 217-18-88		17. INFORMANT Mrs 6343 Mt. Ph	France \$ 10 Rd . , 1	Syer	
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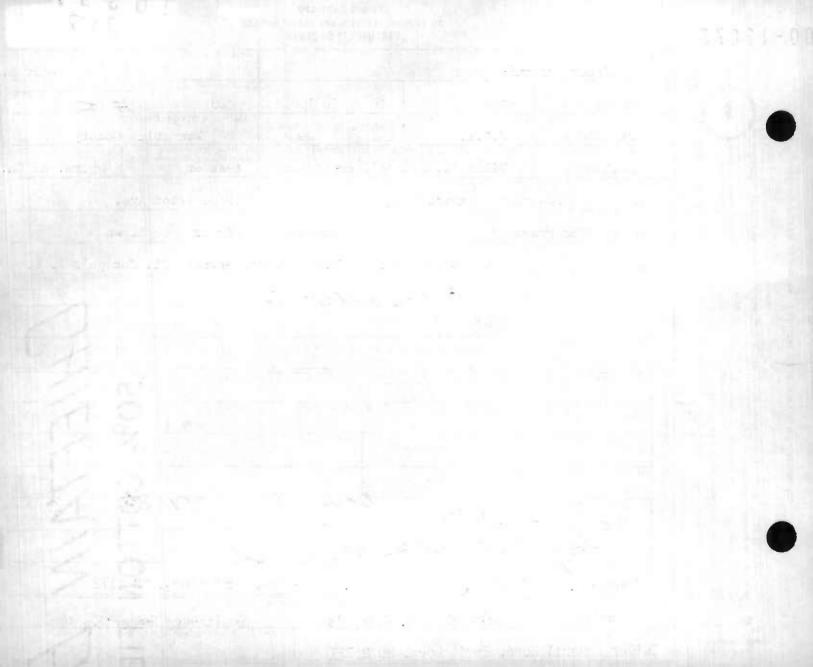
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CFRTIFICATE OF DEATH

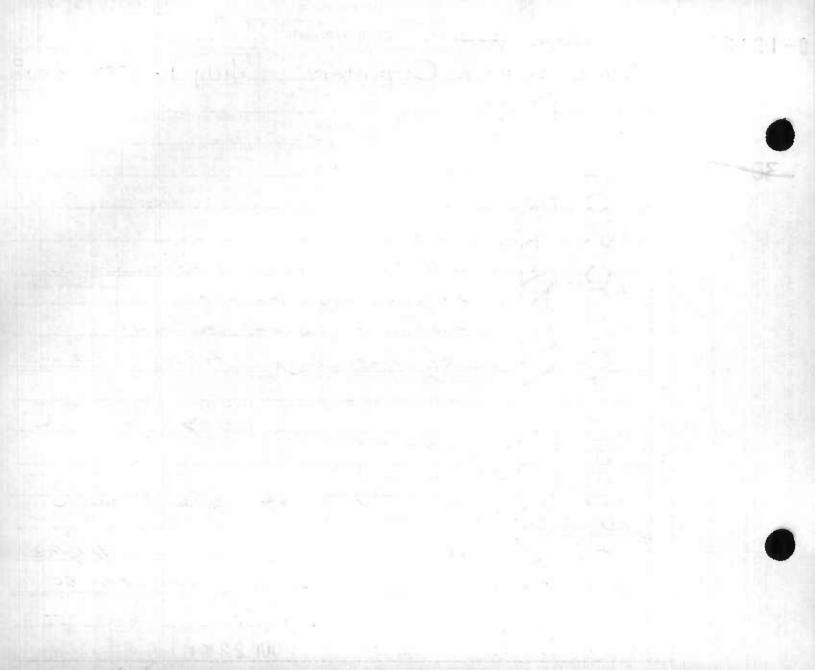
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5-		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	F DEATH	7.30	
-	and the second	MARYLAND	U.S.A		WIDOW	DIVORCED	FREDERICK				MD.
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5	Mb		NTY	134 CITY OR TOV NEW WINI	A/NI	NO D	13e STREET ADDRESS 10101 PARS		LANE	21157	7
2	14. FA	ATHER'S NAME	MIDDIE	LAST		15 MOTHER'S MAIDEN NAM	WIDDIE		LAS	51	
J		JESSE KEENER E				CORA BELLI	E WINTERS				
H	160 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	ESS			
	MC	0		215-18-1	1415	LINDA E. EICH	HOLTZ 1	467 OLI	) MANC	HESTER	R RD
		18 CAUSE OF DEATH Enter o	nly ane cause per	r line for (a), (b), as	nd income	arte de la constitución de la co			APPROX	MATE INTERVAL	ATH
	1	PART I. DEATH WAS CAUS	TE CAUSE (al	Coult	- Q-	housens.	0144-5-	- 1	285		
		1 - No. 10 - 1	DUF TO O	R AS A CONSEQU	JENCE OF			1-0/61	100		
		Conditions, if ony, which	( (b)_						1000		
	-	gove rise to immediate couse (a), stating the	DUE TO O	r as a consequ	IENCE OF	F-M I					190
		underlying couse last	(6)	K AS A CONSEQU	JENCE OI				No.		
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVER	V IN PART 1	0	_
	ON	C.8- 6	· D.								
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI		OF DEATH?	?
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		saw the deceased alive or above, (I) (we) (did) (did no	7-	-9 198	3 ( . ar	nd that in (my) (our) opinion o	leath occurred on the d	ate and hour o			,
		226. SIGNATURE	t	oner deom:		DEGREE			22c DATE	SIGNED	_
		8-				ATTENDING PHYSICIAN	MEDICAL STA				
1		228. PHYSICIAN'S NAME (TYPE	OR PRINT)	241		22e ADDRESS	-	1.0	. \	1	
1		Kusay	BAK	AKAT		3758ack	on come ?	- Sheri	MD	21701	1
	23a. B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY		
		BURIAL	07/12	2/86 PI	PE CRI	EEK CEMETERY	NEW WI	NDSOR	CARRO		ÍD
		INERAL DIRECTOR		4000		250 DATE	REC'D. BY REGISTRAR				
		D. AD. HARTZLER		NEW W	INDSOF	R, MD. JU	L 1 4 1986,	Juna wa	Variable A		

DHMH - 16 60M 7/84 (VRA 15, 4)



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	4	2 ho	2	7a. B	IRTHPLACE (STATE OR FO	OREIGN 7	L CITIZEN OF	WHAT COU	NTRY?   8.	D NEVER MARRIED	9 B	ALTIMORE CITY O	R COUNTY C	OF DEATH	
	eo	in 7	2/		NY		USA		WIDOW	DIVORCED	□ FR	EDERICK			MD.
7	1	15	84	10 C	ITY OR TOWN OF DEA	TH			URSING HOME	OR OTHER INSTITUTION		USUAL OCCUPAT		126 KIND O	F BUSINESS OR
0	34	31 (	27	F	REDERICK					HOSPITAL		Secretar		Utilit	V
2	Da		5.	USU	AL RESIDENCE (IF NURSI	NG HOME OR O	OTHER INSTITUTION		E BEFORE ADMISSION)		ca lua	STREET ADDRESS			
Q.	The same of the sa	a de	34		D I		ERICK	MT.		13d. INSIDE CITY LIMITS		636 Moles		Dw (	21771
YEA !		Short Short	ne		ATHER'S NAME					15 MOTHER'S MAIDEN	NAME		SWOLLII	DI.	21//1
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Š	9	rs. P	E P		NO	n/A			32-9683	John G. Ca	arpen	ter_12636	Moles	worth	Dr.
8	cofe	ope	t, to		18 CAUSE OF DEATH PART I. DEATH W.	S CAUSED	y one cause pe	er line for (a),	(b), and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS	2	The To b	n c	CERTIFICATION											
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TA	L. Th	cote	8	1	210. ACCIDENT WAS UND	ERLYING		OF INJURY		21c. HOW INJURY OC					
J. V	Phy	ol-tro	E		OR CONTRIBUTING C										
N	PHYSIC ending	Men	X	DICAL	(IF EITHER NOTIFY MEDIC			OF INJURY	19	21f. LOCATION					
ISIO		the h	0	MEDI	TOTAL STREET				OFFICE, FARM ETC )	STREET		CITY OR TO	NWN	COUNTY	STATE
20	NO FO	After os t	prk		AT WORK — AT WOR						4-1	- //-			
	ON O	Use Heo	.S		220.1 certify that (1)				4	19.9		10 7/16		80	that (we) lost
	A ATTEN	of for	21		saw the decease above. (1) (we) (	d alive on_	view the bod	y after death.	_19 <u>_6</u> , o	nd that in 綱 (our) opin	ınıan deatl	acourred an the d	ate and hour o	and from the	couses stated
	OR e	chec Chec	He He	<	226 SIGNATURE		>			DEGREE				22c. DATE	SIGNED
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	5 a	ohs show	₹-	23a	BURIAL, CREMATION,		236 DATE		123c NAME OF	EMETERY OR CREMATO		36 LOCATION			
	ВР				BURIAL		7/21	/86		wn Cemetery		CITY OR TOWN		COUNTY	STATE
				24. F	UNERAL DIRECTOR	CD	ouglas					Elmira  OD. BY REGISTRAR	Chem 125b. REGISTR		URE
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n DATE OF DEATH DECEASED NAME 2b HOUR 145 TYPE OR PRINTI 86 12 -Pm Elsie. D. Coolev 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY MONTH DAY Female. Caucasian September 13,1896 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED WIDOWEDIX Frederick County. United States Washington, D.C. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IL CITY OF TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Frederick Meridian Nursing Home Homemaker Own Home USUAL RESIDENCE (IF NURS —— E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 132. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 6014 Melvern Drive 20817 Bethesda YES T NO [X] Montgomery Maryland 15 MOTHER'S MAIDEN NAME EATHER'S NAME LAST MIDDLE Cornelius Davis Lula Harper ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATEST YES. NO OR UNKNOWN) Vincent C. Cooley same as 13e 577-84-1236 son No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONGESTAUS HEADEN FAILURG DUE TO, ORAS A CONSEQUENCE OF HEART DISGISC Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 autors don't Premi CARCINAYA OF CERTIFICATION 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 21a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased fram saw the deceased alive an JULY 12 and that in (my) (apinian death accurred an the date and hour and fram the causes stated above, # (we) (did) (did not view the bady after death 226 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MO GILCIN FMGADORESS FRED ERICK 230 BURIAL, CREMATION, REMOVAL 23b. DATE July 234, NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 16, 1986 Virginia Arlington National Cem. Arlington Burial 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Homes, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 7557 Wisconsin Ave. Bethesda, Md. 20814

CAYS BY IF HEAD PARYER Acres Seems and and Deputy Garneldon & Anglian, has determined from the paint Judeta E merse di Marie at - LAND MARKEY PRESENTE MED 2170

injury, or other troumotic event,

	FOR
-	STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86 20361

1		REGISTRAR				CERTIFI	CATE OF DEATH		REG NO			001	
1		EASED NAME	FIRST		MIDDLE		NST .	20 DATE O	DEATH A	AONTH DAY	YEAR	26 HOUR	
	THE	A FRINT;	Edit	h E	Etta	COF	RUN	Jul	y 2,	1986		p. N	
1	3 SEX			4 RACE	Maria .	5 DATE O		6 AGE (IN)	EARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS	
Ę		Female		Whit	<b>:</b> e	Apr	11 9 1895	91		YRS	THS DAYS	HOURS MIN.	H
00)		THPLACE (STATE O			WHAT COUNT	RY? 8	NEVER MARRIED			COUNTYO			
		Maryla			S.A.	WIDOWE	DIVORCED [	Fr		.ck Co	unty,	MD	
		Y OR TOWN OF D		11. NAME OF	HOSPITAL, NUF		R OTHER INSTITUTION		OCCUPATION MOST OF		126 KIND OF	BUSINESSOR	
		Frederi	.ck	Freder		emoria.	l Hospital	но	memal	.er			
9	13a ST	_	JESING HOME OF		GIVE RESIDENCE BE	OWN I	136 INSIDE CITY LIMITS?	13 STREET	ADDRESS /	ZIP CODE	m 4.1a	2175	
5		ryland	Fred	orick	Jeffer	rson	YES X NO [		Jell	erson	PIKE	ST(2)	)
V	14 FAT	HER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N	9730 I <u>-</u>	MIDDLE	/27 1			
U	1	Danie			Whipp		Mary		ane			lable)	
	(YE	AS DECEASED EVE		MED FORCES?	16b SOCIAL SI		Mr. John	R. Co	run,	Jr.,	4723	Old	
		no			213-04	2-2353	Middletow	n Rd.	Jeff	erson		2175	2
	1	REAL PART I. DEATH	ATH (Enter and	y one cause pe	r line for Ial, (b)	And It	Va	0111	V		BETWEEN	NATE INTERVAL	-
		TAKI I. DEATH		E CAUSE (a)	Cere	MARKE	eur	ina	m		/ 1	LULY;	>
				DUE TO, C	R AS A CONSE	OUENCHOL	· Delo.	1 : 11	Y1 1.	1			
		Conditions, if an		( (b)_		an	u suce	on v	via	<u> </u>			
	8.1	gave rise to in cause oi, sta	ting the	DUE TO, C	R AS A CONSE	QUENCE OF		11	101	2			
		underlying cau	ise last	(c)_				000					_
		PART 2 OTHER SI	GNIFICANTC	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E OR COND	ITION GIVEN	IN PART 110		
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2	FICA	VO DATE OF OPEN	ATION	IND COND	IIION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AUTC		206. IF YES, W			
1	ERT	21a. ACCIDENT WAS L	INDERIVING	21b TIME C	OF INTRIBY		21. HOW IN HURY OCCU	YES	ио 🔀	YES [		NO 🗌	_
0	0 1	OR CONTRIBUTING		110110 4	M. MONTH	DAY YEAR	21t HOW INJURY OCCL	JAKED (ENTERNA	TURE OF INJURY	IN ITEM 18 PART	I OR PART ?]		
ì	NO F	(IF EITHER NOTIFY ME			.M.	19	211 LOCATION						_
	MEC		WHILE [		OF INJURY REET, FACTORY, OFFI	ICE, FARM UTC 1	STREET		CITY OR TOW	N	COUNTY	STATE	
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	- 1	73x I certify that				577 -	d that in (my) ( opinio	n death active	d on the day	19.	97	hat (I) (we) lost	
		saw the decer above, (f) (we 27h SIGNATURE	State (which not	www.the body	after death.	-	a martin (my) (as=) opinio	in dealin actorn	a an the dat	e ana nour ai		1	-
		1/4	W.	10 %	Tetal	un XV	ATTENDING	MEDICAL	STAFF		220 DATES	STA D	
	,	22d PHYSICIAN'S	NAME (TYPE OF	PRINT	05.1	70	PHYSICIAN 77e ADDRESS	DIRECTOR	PHYSICI.	AN	1//	704	-
		T.F.	Heck	les	MM		716 70	1.il	FAI	de al	lud	2170	1
+	22- 011	DIAL CDEMATIC	CI COLOR	Trus hard		12. NAME OF CO	3 (6) [1.	1001100	1000				Į.
	(SP	RIAL, CREMATION BECIF Buria:	, REALDIVAL	July 5		Luther	an Cemeter	CITY	OPTOWN	on Fre	VINUO	STATE	
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DHMH - 16 60M 7/84 (VRA 15, 4)

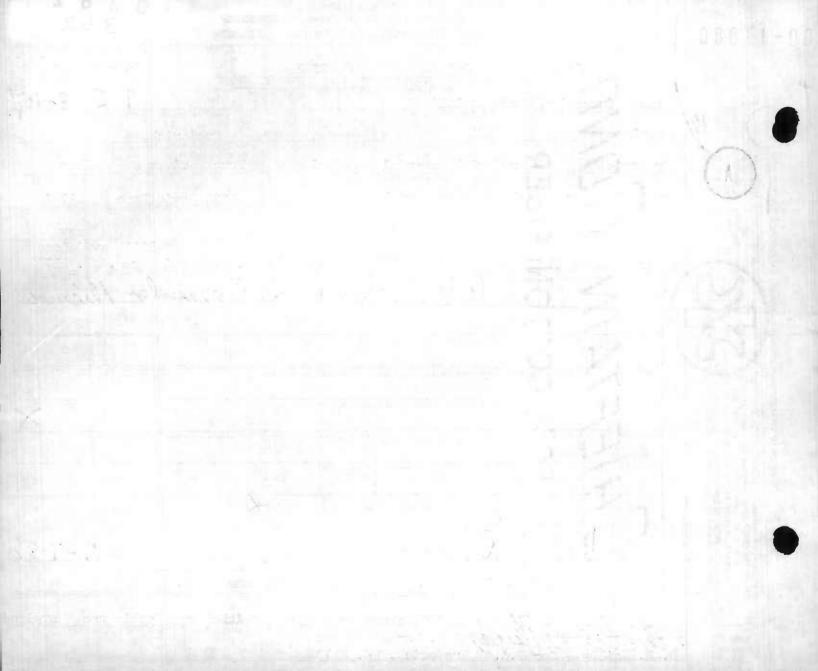
24 SMith Reeney Basiord Funeral Home 106 E. Church St., Fred. Md. 21701

BP.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 081986

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE KNOWN X MONTH TYPE OR PRINT! ESTI-DEATH MATED JOHN. JOSEPH DOMBOSKI July 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Caucasian March 12,1926 60 Male b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! ennsylvania USA WIDOWED DIVORCED Frederick. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Truck Driver Frederick Memorial Hospital None Frederick LISUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONA 13d. INSIDE CITY LIMITS? 136 COUNTY 13e STREET ADDRESS Frederick Frederick 1132 David Lane 21701 Maryland YES X NO [ WD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Domboski Casey Alexander Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRES 332 David Lane (YES, NO. OR UNKNOWN) IF YES, GIVE WAR OR DATES! Fred. Md. 21701 WW II 204-12-4717 Mrs. Alice S. Domboski Yes 18 CAUSE OF DEATH (Enter only one cause per Ing for Ing to and (c). PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL
OF HEALTH AND MER lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ ARTMENT OF BUILD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH WITH THE STATEM DEATH WITH THE STATEM DEATH THE STATEM DEATH OF THE STATEM DEATH DEATH OF THE STATEM DEATH OF THE STATEM DEATH 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide Undetermined manner death resulted fr TITLE (SPECIFY) Deputy SIGNATURE Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION Smithsburg, Washington, Maryland BP Smithsburg Crematory 07/B4 Cremation 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERALDIRECTOR 1201 N. Market Street **DHMH - 17** (VR A15 ME (5)) Frederick Md\_ a Louis of Santy Ming



## er this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 CO s the build-transit permit. Then please remove carbonpapers. Pages hand 2 should be filled within 72 hours after death CO and Mental Hygiene prior to build, cremation, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAL requires that the death certificate b TO FUNERAL DIRECTOR: After this certificate has been TO FUNERAL DIRECTORS as the burial-transit permit, should be detached for use as the burial-transit permit, which he stare best, of Health and Mental Hygiene prior waith the Stare Dest. of Health and Mental Hygiene prior NDING PHYSICIAN: The low retained by the haspital ar ottending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

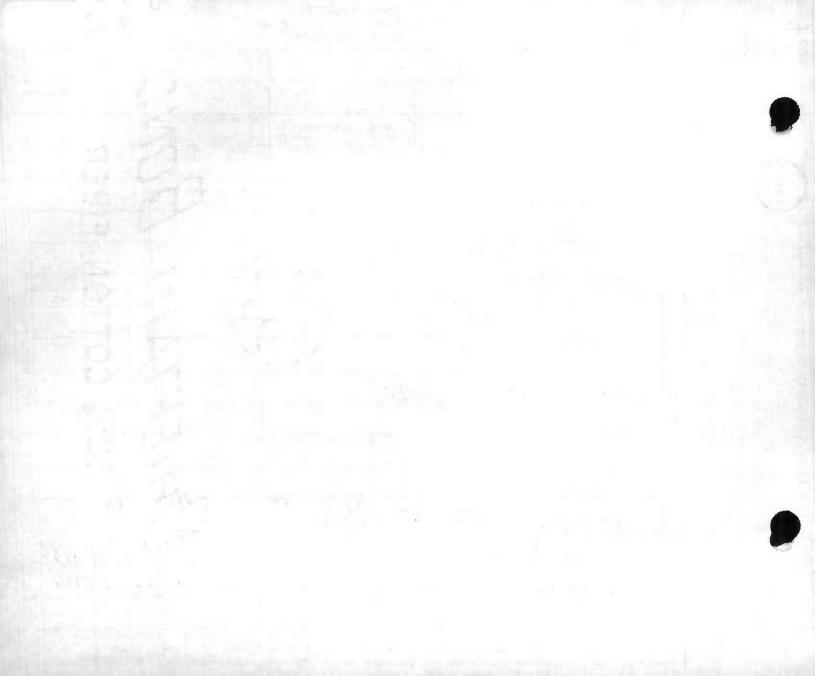
injury, ar other traumatic event, th

3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGNENE CERTIFICATE OF DEATH

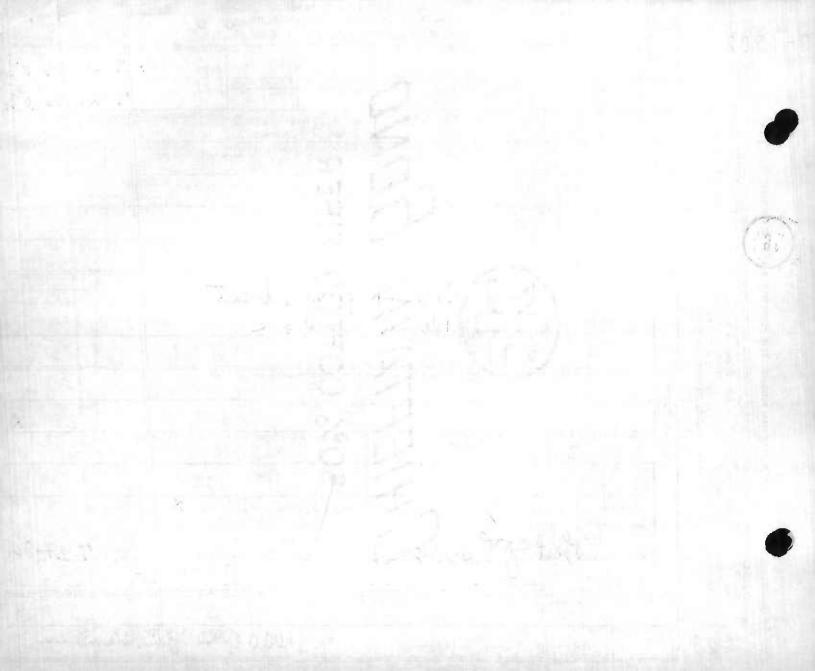
86 20363

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	86 20363
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	20.110011
(TYPE OR PRINT) ERNIE	Caura	FLOOK	7	17 86 1:00Pm
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	April 1, 1897	89 <sub>Y</sub>	RS.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
Virginia	USA		Frederick	County, MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Frederick	frederick M	Memorial Hospita		Homemaker
USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. CO Maryland Fr		OWN 134. INSIDE CITY LIMITS	924 E. "D"	St 21716
14 FATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
William E	dward Wenr	ner Marv	Catherine	Orrison
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS			24 E. "D" St.
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 489-52	2-3830 Oscar P.		Brunswick, Md.
It CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b)	, and (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (0)	EUMONIA		2 WKS
Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSE	OUENCE OF	37	
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
		TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 10
O PO DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED
JI-IC	Committee of the commit		YES NOTEX INC	ERTIFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJURY IN ITE	
		DAY YEAR		
4 (IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM ETC.) STREET	CITY OR TOWN	COUNTY
	spital) attended the deceased fro	5/17, 19 6	10 ///	19 6 , that (1) (we) last
saw the deceased alive	not view the body ofter death	9 16 ond that in (my) (our) opini	an death occurred on the date and	hour and from the couses stated
226. SIGNATURE	100	DEGREE		22c. DATE, SIGNED
(~).	Allevi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/18/86
224 PHYSICIAN'S NAME (17)	NE ALGARE	220 ADDRESS BRE	INSLICK, M	0. 21716
23a BURIAL, CREMATION, REMOV	AL 236. DATE 2	G. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	
Burial	7/20/86	Park Heights Cer	m. Brunswic	k Fred Md
24. FUNERAL DIRECTOR		25a. E	DATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
John T. William	S Fineral Home	Brungwick Md 1111 9	13 1000 / 10 M	40 000



tories the decision of the second HOLE AND ARREST WAS READ BY THE

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			FOR STATE							NTAL HYGII	AE O	-	2 0	3	0	2
0-15	021		REGISTRAR		N		EXAMIN	ER'S C	ERTIFICA	ATE OF DI	EATH	REG. N	NO.			
0 10	0 2 4		CEASED NAME	FIRST		WIDDIE			LAST		20. DATE OF	KNOWN ESTI-	MONTH	DAY	YEAR	26. HOUR
	L SS SS SS L	77.7		MAR	Y	ANN		FC	WLER		DEATH	H MATED	T X	29	1986	1000
	TREE CHEA	3. SEX	4	1. RACE	5 DATE OF BIR	TH	6 AGE (IN YE	ARS IF UN	DER I YR. IF	UNDER 24 HR		rE	MONTH	DAY	YEAR	2d HOUR
	N S H S	12121	MATE	כוימידיזיזי	MONTH D.	YEAR 27	58 YI		S DAYS H	HOURS MIN.	PRONOL		M	29	1986	12.5
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	SHA	4	REIGN COUNTRY)						-	R MARRIED						
	Y IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LIED WITHIN 72 HOURS	WA.	SHINGTO	N. D.C.	U.S.A.	OSDITAL NII	IDSING HOME	WIDOW		DIVORCED L		EDERIC UPATION 15		TISE KIN	ND OF BUS	MD
		1	0 10 1111 0	DEATH!	I IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	., OR OTT	EK 1143111 UTIC		OR MOST OF W		TPE OF WORK	OR	INDUSTR	
	SE POLITICAL DE LA POLITICA DE LA PO		W MARKE		61 W.	MAIN			32		NONE	1		_		-
5	IF ANY DELA Z. AND 3 TO: R. RETAIN P. SHOULD DE L. REFCORDS	130 S	LATE	13b COUN	OR OTHER INSTITUTION		E BEFORE ADMISSI Y OR TOWN		13d. INSIDE CITY	LIMITS? 13e S	TREET ADD	RESS				
2120	ANNOR	MA	RYLAND	FRED	ERICK	NEV	MARKE	Т	YES X	NO DI	51 W.	MAIN S	ST./2	1774		
9	27	II) FA	THER'S NAME		MIDDLE		LAST		15 MOTHER'S	S MAIDEN NA	ME	MIDDLE			LAST	
1 2	18532 /C	1	MILBURN		M.	FO	VLER	27.17		CIA		MIDDLE			LLTAN	MC
( 8	Day of A	16a V	AS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	17 INFORMA			ADDRES	SS	VV I	LILLA	10
1 E	* me % 0 %	111	ES, NO, OR UNKNOV	NON	WAR OR DATES)	212	-88-354	5	NANCY	F MOI	RLEY	MITTEL	MADIZ	ביים	MD	
100	URS AN B. GIV WITH II. PAG				nly ane cause per			,	MAINCI	7	XL.P. I	N.P.W	MARK		PROXIMATE	INTERVAL AND DEATH
7.	HOURS M 18. G VG WIT RMIT. P. NE, DIV		PARTIDEA	ATH WAS CAUSE	D BY:		1	DIA.	atra	Chan	0			BETW	EEN ONSET	AND DEATH
PRESTON ST	24 HO ITEM 1 IONG PERMI GIENE			IMMEDIA	TE CAUSE (a)  DUE TO,	OR AS A COL	NSEQUENCE	MALI	AUMIN	TANA						-
ESI	NA TIST		Conditions	s, if any, which			NO DE NO E	0	0 -	0						
-	D WITHIN PENCIL IN AMINER A AMINER A TRANSII ENTAL HY OR REMC		gave rise	to immediate	(b)_	NU	enous	21	Mary	ame						
W.	AEN AM	-	lying caus	stating the <u>under</u> e last.	DUE TO,	OR AS A COI	NSEQUENCE (	OF .	1							
201	NO N				(c)											593-11
RECORDS,	UID BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. F. MEDICAL EXAMINER ALONG WED AS A BURIAL- TRANSIT PERMIT. HEALTH AND MENIAL HYGIENE, D. U., CREMATION, OR REMOVAL.		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 1 10						
000	"PENDING" "PENDING" FE MEDICAL FED AS A BU HEALTH AN	CERTIFICATION	3													
AL RI		3	190. DATE OF	OPERATION	196 CON	DITION FOR	WHICH OPER	ATION W	AS PERFORME	ED?				20 A	UTOPSY?	
¥	WORD WORD WORD BE US BE US	Ē	A. June											Y	res 🗆	XON
DIVISION OF VIT	MEN SE	W.	21a EXTERNAL			OF INJURY			W INJURY O	CCURRED LENT	ER NATURE OF	INJURY IN ITEM	18 PART 1 OR P	ART 2)		
N N	CERTIFICATE TING THE WAS TO THE SAHOULD BEFARTMEN I PRIOR TO E		UNDERLYING	OR IG CAUSE OF	DEATH	a.m. month p.m.	DAY YEAR	<b>`</b>								
Si	SH AND	MEDICAL	21d INJURY OF	CCURRED	2 le PLAC	E OF INJURY	(AT HOME.		TATION							
20	S CERTING RDED TO SE 3 SH TE DEPA 201 PRICE	¥	WHILE AT WORK	NOT WHILE	STREET,	FACTORY, FARM, I	ETC I	S	TREET		CITY OR 1	OWN	C	OUNTY		STATE
	THIS WAR WAR PAGE 2120		AI WORK	AT WORK								-				
	NO TE STEE		22a. I certify	y that I took charg	ge of the remains	described ab	ave, held an	Autops	у 🔲 , П	inspection	Inquir	, Z.	ond in my a	pinian		
	ME HE THAN	-1	death resulter	Trop Note	ral causes .	Accident	L, Su	icide	Hamicide	e Unc	determined n	nonner				
	EXAM CERTI JLD E DIRE WARY			1/2.1	most				TITLE (SPE	CIFY)					-	A /
	AHONE W		ACTUAL SIGNATURE_	10 rece	All	Dulle	2/	M.	D. Dep	uty	EDICAL EXA	MINER	DATE	ED_7-	-29-	-86
	MEDIC CUTE TI SE 4 SF FUNER FUNER TIMOR	/			.()					812 To	11 Hou	se Ave				
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BATTIMO		EXAMINER'S N (TYPE OR PRIN		lobert J.	Thoma	is, M.D		ADDRESS	Freder						
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFFER DEATH, WITH THE STATISMORE, MARYLAND, 2120	23o.Bl	JRIAL, CREMAT	ION, REMOVAL	23b. DATE	23€.	NAME OF CEA	METERY OF		y 23d	LOCATION			INTEN		
07/84	BP		PECIFYI EMATTON		7/30/86	CA	RROLL.	CREMA	TTOM C		AMPSTE	CAD	CARR	OT T	STA	MD
25M			INERAL DIRECT	OR			MACLE	CANTATE	250		1986		GISTRAR'S			110
	DHMH - 17 (VR A15 ME (5))	: 3-	D. D.	HARTZLER	ADDI	ERTYTOV	VN. MD		F	AUG 0 1	1900	Julio	a David	es. K	molaes	ie .
	((0))		D. D.	HANTSPER	LITDI	CVITION	VIV, PID					W				



0-13747	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	100	EG. NO.	0	0		
by be death		CEASED NAME ORPRINT) Beat:	rice	Ju	MIDDLE Ianita	Frale	y	20. DATE OF DEA	2/86	DAY	YEAR	26 HOL	JR M
ge a moy	3. SE	Female	4	RACE Cau	casian	5. DATE (	6 DAY 13 YEAR 32	6 AGE (INYEARS)	AST BIRTHOAY) YRS	MONTH	DER I YEAR	IF UNDER	MIN.
Parent for	M	RTHPLACE (STATE OR F COUNTRY)  D  TY OR TOWN OF DEA		USA	WHAT COUNTRY	MARRIE	D NEVER MARRIED D DIVORCED D	9 BALTIMORE C	CK		b. KIND O	F BUSINI	MD.
: 61 161	Fr	ederick		FREDE	CHEACILITY, GIVE STRE	ORIAL	HOSPITAL	SECRET	MOST OF WORKING	(IFE) IN	MEDIC		
35	13a. S		13b. COUNT		13c. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDR			1701		
MARYL of July		THER'S NAME FIRST	M	DOLE	POTTE	2	15. MOTHER'S MAIDEN NA FIRST MARY	MIC	LEN		ŁAS	IANES	3
MORE, and co Poper is medical.	16a V	VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	/	ADDRESSFre	der	ick,	MD	
st., BALTI		N/A 220-28-3716 Roland L. Fraley, Sr., 916 Walnut St.  18 CAUSE OF DEATH IEnter only one couse per Me of Cal, (b), and Icc.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONLY  IMMEDIATE CAUSE (b)  ONLY  IMMEDIATE CAUSE (c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the death cert offending physician.  Ifter this certificate has been signed by the offending post the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, at ren orked or light 18 sharks any injury, or other troumants ev	7	Conditions, if any, gove rise to imm couse to), stating underlying cause	nediote g the last.	(b) DUE TO, C	Ahue	UENCE OF	La Letu Not related to the term	Med Alnal disease or	OLL CONDITION G	SIVEN IN	5-7 N PART M	<u></u>	
ne low requests to be low requests to be low requests to be lower	CERTIFICATION	190. DATE OF OPERAT	TION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	'ES, WE TIFYING YES	RE FINDING CAUSES	OF DEAT	TH?
YSICIAN: TI ling physical s certificate virial-tronsii Mentol Hygi	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 21d. INJURY OCCURE	AUSE OF DEAT	P	OF INJURYM. MONTHM. OF INJURY	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE (	OF INJURY IN ITEM TO	B PART I C	OR PART ?)		
DIVISION ING PHY fr offer this os the bu th ond M horked or	ME	WHILE NOT WH	RK	(AT HOME, S	FREET, FACTORY, OFFICE	0/0	STREET	CIT	YORTOWN		OC		STATE
ATTEND spital a CTOR: , I for use of Hea	3	220.1 certify that (1) sow the decease above, (1) (we) for	(this hospited alive an_ led) (did nat)	7/10/ view the body	he deceosed from 19. y after death	86	nd that in (my) (see) apinion	death occurred an	10/ the date and h	our ond	from the		oted
PITAL OR by the ho by the ho by the ho by the ho by the horacle e detached State Dept ANT: If hen	7	22b. SIGNATURE	let	SA	fred	w		MEDICAL DIRECTOR P	STAFF HYSICIAN []		7/22	SIGNED	
TO HOSPITA retoined by TO FUNERA should be de with the Stot		Robert S	. Hug	hes, M			700 Monte	laire Av	e. Pr	421222	riek	Md.	217
BP	_	BURIAL, CREMATION, SPECIFY) BURIAL JNERAL DIRECTOR		7/25	/86 I	Resthar	emetery or crematory ven Mem Gander	23d LOCATION CITY OR TO TE REC'D. BY REGIS	rick F	red	erick	c MI	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		621 Opossu			STAUEFE! Frederic	-	JU	1 29 198	6 Julia	Arr			K-

STATE OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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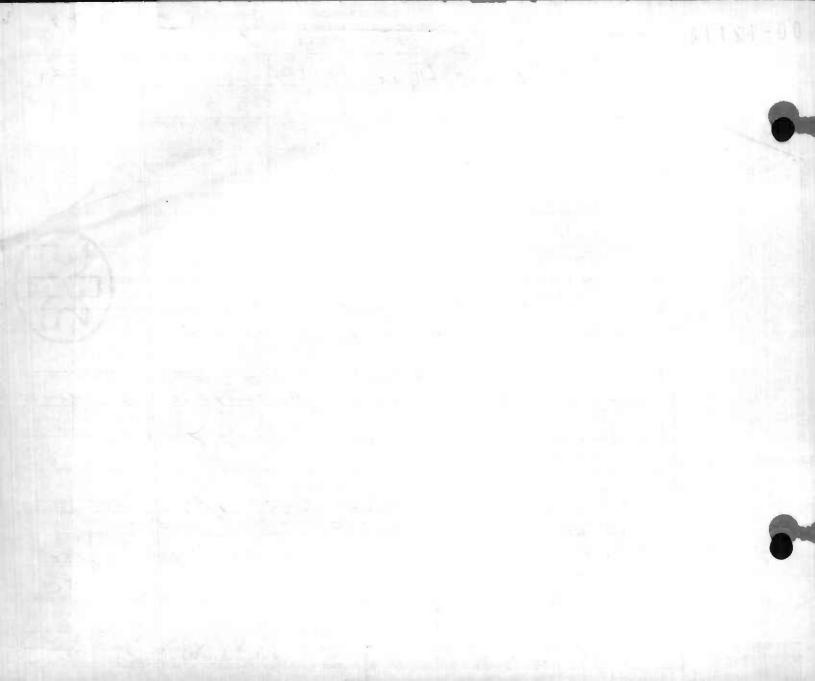
5	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	).		4
	CEASED NAME	(W)		AIDDLE	i	AST		2a. DATE OF	_		DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	2 Bell	2000 EL	ITH L	UELLA	F	RALEY		JULY	7 9	1986	0324
3. SE	(	1000	4. RACE		5. DATE C			6 AGE INY	YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
	MALE		WHIT	E	07	07 <sup>DAY</sup>	1912	74		YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	NEVER	MARRIED -	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
PA			USA		WIDOWE	D	ONORCED	Fre	ederio	ck		MD.
	TY OR TOWN OF DEA	ТН	11. NAME OF H	HOSPITAL, NURS		OR OTHER IN	STITUTION	12a USUAL O			12b. KIND ( INDUSTRY	OF BUSINESS OR
	ederick			rick Me		Hospi	tal	House	ewife			
	AL RESIDENCE (IF NURS	13b COU		13c. CITY OR TO		13d INSIDE	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	)F	
MD		FREDI	ERICK	THURMO	NT	YES 🗌	NO 🖈				e Rd.	21788
14. FA	THER'S NAME			7-14-2		15 MOTHE	S MAIDEN NA					
As	sard		MIDDLE	Seipl	er	C	atherine		WIDDLE		Fell	
-	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b SOCIAL SE		17 INFORM		2	ADDRE	\$8	rem	er
	ES. NO OR UNKNOWN)		E WAR OR DATES							nurm	ont, MD	21/88
NO			N/A	213-01	-6308	Harr	y D. Fra	aley /(	029 Ke	lly	Store R	d.,
	18 CAUSE OF DEATH PART 1. DEATH W			line for (a), (b),	and ic						BETWEEN	CIMATE INTERVAL
			TE CAUSE (a)	C000	leac	. 01	1-25	6				
7			DUE TO OF	R AS A CONSEG	HENCE OF							
	Conditions, if ony,	which	(			(05	1000	tic.	de	500	s e	
	gave rise to imm	nediate	)   0)									
	cause (a), stating underlying cause		DUE TO, OF	AS A CONSEC	DUENCE OF						- 455	
			(c)									
7	PART 2 OTHER SIGN	VIFICANT (	CONDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATI	-				IVEN IN PART 1	0
0	20-00	4	14	cl	effe	150		troc				140000
CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	200 AUTO	100	IN CERT	S, WERE FINDI IFYING CAUSE: ES [7]	S OF DEATH?
ERT	21a. ACCIDENT WAS UND	ERIVING F	7 21b TIME O	E INI II IDV		1214 HOW	INJURY OCCURE	YES [	NO		PART : OR PART 21	NO 🗆
Ū	OR CONTRIBUTING			M. MONTH	DAY YEAR	211.11OW	INJURI OCCUR	KED (ENTER NA	ATURE OF INJUR	IN IIEW IR	PART ( OR PART 2)	
CA	(IF EITHER NOTIFY MEDIC	_	P./	М.	19			L'ALCHE		34.1		
MEDICAL	21d. INJURY OCCURR	RED	21e PLACE	OF INJURY	5 540w 516 1	211 LOCAT			CITY OR TO	WN	COUNTY	STATE
2	WHILE NOT WH	ILE 🗌	TAT TO ME STR	CEI, FACTORI OFFIC	E. PARM ETC J				,			
	220.1 certify that (1)	(this hasp	tal) attended the	deceased from		150	19 8 5		7/9	, , , ,	19 86	that (we) last
	sow the decease abov (B(we) (	d alive on	7/7	ofter death.	₹5€, or	nd that in	(our) opinion	deoth occurré	d on the do	ite and ha	ur and from the	causes stated
	226 SIGNATURE					DEGREE	18.16				224 DATE	SIGNED
	D25	-	21	die et alte			ATTENDING PHYSICIAL	MEDICAL	STAP PHYSIC		7/9	181
	22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e. ADDRI		DIRECTOR		1217	114	an
	PG	V	20,000	4		C,	weg		STO	2	122	50-
23a B	URIAL, CREMATION,	REMOVAL			NAME OF C		CREMATORY	23d LOCA				
	RIAL		7/11/	86	Lewisto	own Ce	meterv	Lewi	istown	Fr	ederick	MD
	INERAL DIRECTOR G	. Dot	ıglas St	auffer					REGISTRAR		TRAR'S SIGNA	
	4 East Mai						J	UL 11	1986	13	V-400 Battering	

DHMH - 16 60M 7/84 (VRA 15, 4)

104 East Main St., Thurmont, MD 21788

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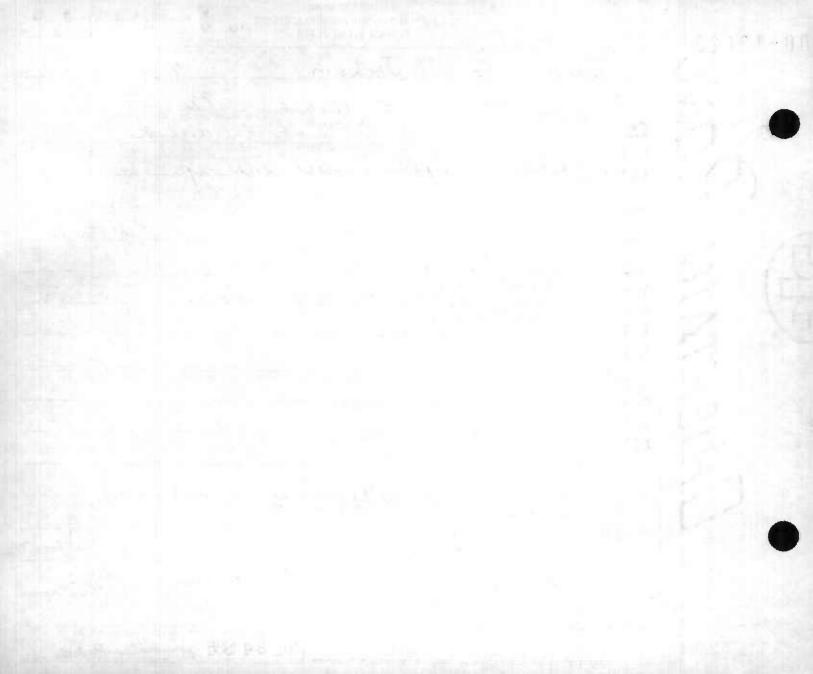


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(VRA 15, 4)

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	1			STATE OF MARYLAND		200170
U-13136	1	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & O	20014
1 75		Toseph	G	Jackson	20 DATE OF DEATH W	7 20 86 250 M
te 4 may	3.56	The second secon	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR 3 19 1893		MONTHS DAYS HOURS MIN.
		A Vergina	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Freder	COUNTY OF DEATH
1	7	uderick md	Buth Hany	eten Manar	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
A	The last	Md. Alle	other institution give residence porty   13c. CITY OR TO Cum?	perlandyes   NO	130 STREET ADDRESS / 610 Shris	zip code ver Ave. 21502
omplete	R	Reflect E	Jack	15 MOTHER'S MAIDEN N	AME MIDDLE ADDRES	Kightburn
be execu		WAS DECEASED EVER IN U.S. AR YEL NO OR LAKENOWN!   18 FEL CA	HE HONCEST POSCIAL SI	V 6259 Les Pani	KRN	0
g physica g physica canpap ewent,		PART I. DEATH WAS CAUSE		Viving Renal	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MOSTL
the death control of the attendance cartemation, or emotion, or er traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE			
signed by nen please a burial, cr	7	PART 2. OTHER SIGNIFICANT (	(c)CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	rminal disease or cond	ITION GIVEN IN PART 110
The law requesion.  e has been sign permit. The giene prior to hows any injur	CERTIFICATION	19a date of operation	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	284 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
CLAN THE Physicial interests the problem of the pro		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PART 2)
DING PH Son attending After thine e as the bundith and marked at the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	CE FARM, ETC.)  21f LOCATION STREET	CITY OR TOW	O COUNTY STATE
TEN TOR: or us of He			ital) oftening the deceased fro 11	9 Co, and that in my (our) apinio	n death accurred on the day	te and hour and from the causes stated
ITAL OR ALL by the hosp RAL DIREC' detached f tote Dept		22b. SIGNATURE	line to	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAF	PAN   22c. DATE SIGNED
TO FLINERAL BY IN TO FLINERAL BROWN BE determined the determine the State of the St		22d PHYE TIAN'S NAME	SE.CI	new 804	TUII /to	usedue
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)  REMOVAL  FUNERAL DIRECTOR	7-20-86	31. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	23	NAME	ADDRE		24 1986	na wandson-Randese



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

) -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.				
	OR PRINT)	ANNA		Frances	GR	EDIFIELD	20 DATE OF DEATH	MONTH 7	7	YEAR 86	26. HOU	
3. SEX	(		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNE	DER 1 YEAR	IF UNDER	-
F	emale		White		Apri	1 8, 1899	87	YRS.	101411	}	MOOK3	W 11.4
	RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF D	EATH		
	irginia		USA	1	WIDOWE		Frederic	k Cou	intv	,		MD
10 CI	TY OR TOWN O	FDEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	IG HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	LIFE) IN	KIND O		SSOR
	cunswick			ence - 70  GIVE RESIDENCE BEFORE		Avenue	Midwife			Midw:	ife	
130. S Mā	aryland	136 COU		Brunswi	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 701 - 2nd			/ 21	716	
I4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME			LAS'		
	Willi	am E	dward	Wenne	r	Mary	Cather			Orri	son	
	AS DECEASED		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS 70:	1 -	2nd.	Aven	ue
1	Jo			220-30-9	252	Patricia Gr	eenfield -	Bruns	swic		d. 2	
z		ony, which immediate stating the cause last.	DUE TO, OI  (b)  DUE TO, OI	r as a conseque	ENCE OF			IDITION G			A125	
CERTIFICATION	19a DATE OF O				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	IFYING YES [	RE FINDIN CAUSES		H?
	OR CONTRIBUTING	AS UNDERLYING C G CAUSE OF DEAY Y MEDICAL EXAMINER	HOUR A.	M. MONTH DA	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJI	JRY IN ITEM 18	PART 1 O	R PART 2)		
MEDICAL	216 INJURY OC	CURRED	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	c	OUNTY	5	TATE
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John T. Williams Funeral Home Brunswick, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cishald be setached for use as the burial-transit permit. Then please remove corbon papers. Pages with the state Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

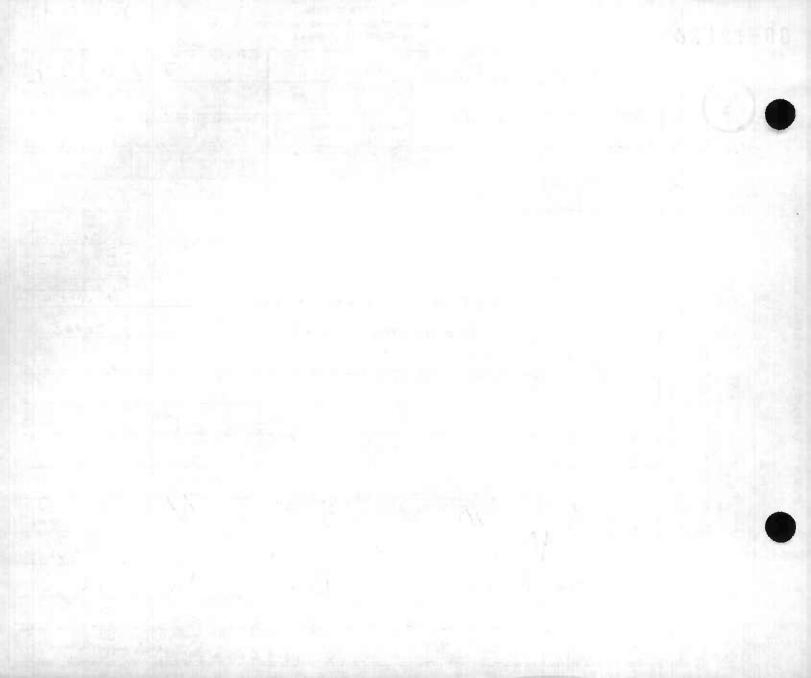
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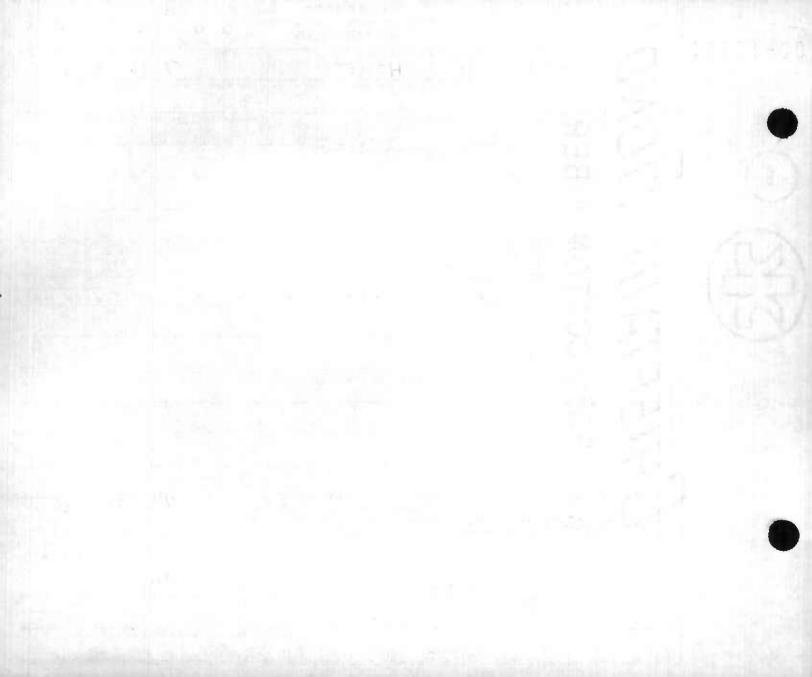
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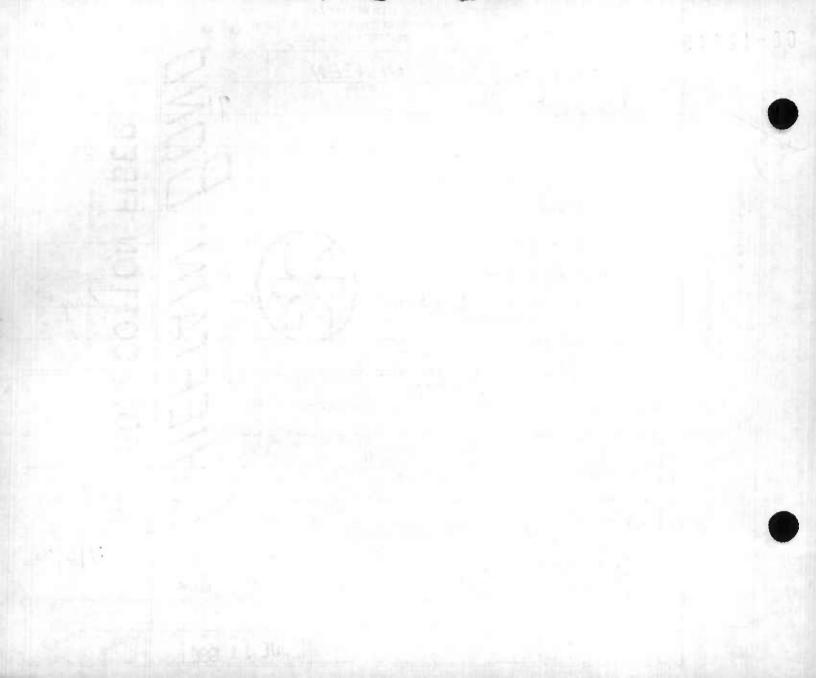
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3. SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  MALE  76. BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  MARY LAND  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Frederick  Frederick  Mary Land  USA  WIDOWED  DIVORCED  Frederick  Frederick  Frederick  Frederick  Memorial  USA  USA  USA  WIDOWED  DIVORCED  Frederick  Frederick  Frederick  Frederick  Frederick  Frederick  Memorial  USA  USA  WIDOWED  DIVORCED  Frederick  Frederick  Frederick  Frederick  Frederick  Memorial  USA  USA  USA  USA  USA  USA  USA  US	nty, MD.   1/26 KIND OF BUSINESS OR INDUSTRY Railroad
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166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 805 NO NO 16F YES. GIVE WAR OR DATES) 710-09-6400 Jean Halley Price - Brunswich	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which ( (b)	
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WHILE NOT WHILE ON AT WORK AT WORK	9-1
7 + 0 + 0	19 6 , that (1) (we) last
220.1 certify that (1) (this haspital) attended the deceased from 19, 19, 10	
220.   certify that (I) (this haspital) attended the deceased from 19, 19, 10	
22a.1 certify that (1) (this haspital) attended the deceased fram	22c DATE SIGNED
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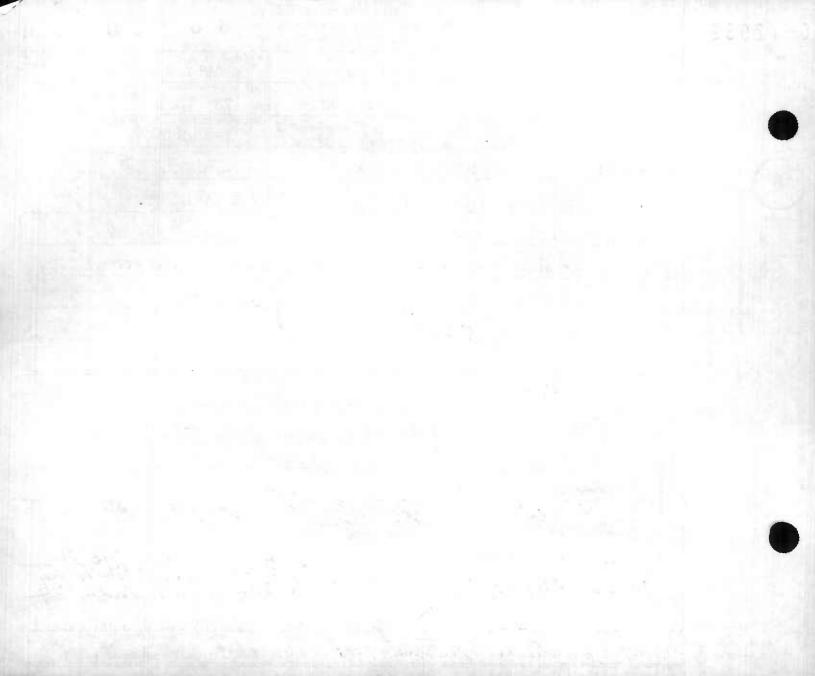


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	nerol dir		RTHPLACE (STATE OR FOREIGN OUNTRY) VERMONT	USA.	AT COUNTRY?	MARRIE WIDOWE	DIVORCED	9 BALTIMORE CITY C		EATH	MD
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DIVISION OF VITAL RECORDS.	G PHYSICIAN: The strending physician car this certificate has the boriol-transit p and Americal Hygien ked or hem 18 Kpw	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AND AUTHOR OF A LEARNINGER 21d INJURY OCCURRED	HOUR A.M. P.M.  21e PLACE OF	MONTH D.	19	21c. HOW INJURY OCCURION STREET	YES NO RED (ENTER NATURE OF INJU			STATE
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	TO HOSPITAL O		John W. D	rollite.	on me	4	PHYSICIAN (220 ADDRESS & 2.5	Cross Westing	CIAN	116/8 hoppi	to sty
	F 2 7 7 7 4		URIAL, CREMATION, REMOVAL SPECIFY)	236 DATE	236.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	INTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION
24 FUNERAL DIRECTOR

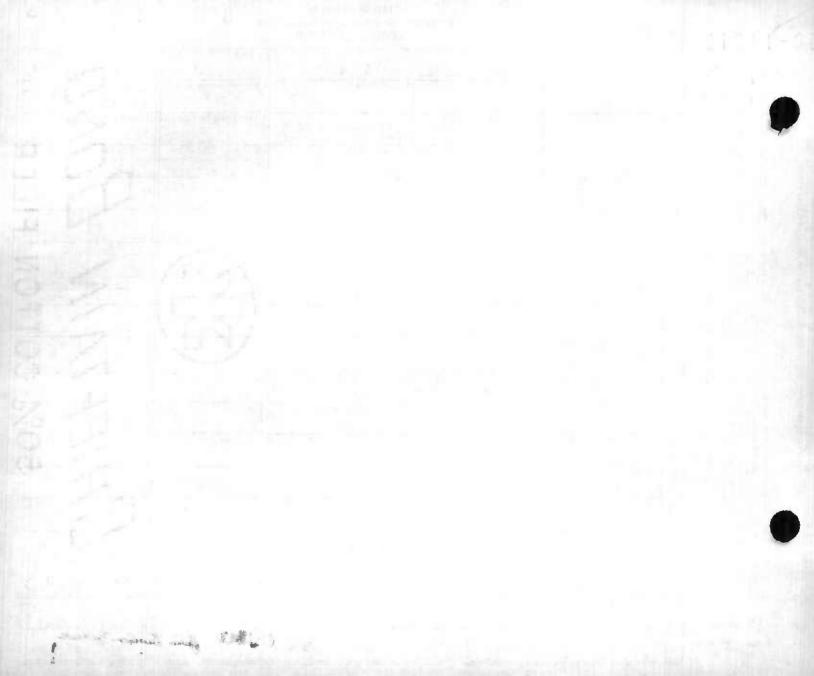
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STATE OF MARYLAND - STATE REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 26 HOUR TTYPE OR PRINT OF ESTI-Robert Knill 7 - 181986 4 RACE S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 0:30 DEAD LO YRS 7-18 1986 Male White Sept. 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED DE Frederick County WIDOWED Maryland CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE OR INDUSTRY E-6 U.S. Army Frederick Memorial Hospital SSG Frederick In STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13a STREET ADDRESS Middletown YES Box B-36 Maryland Frederick Co. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Miller Knill Ethel Ellen Palmer Raymond 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. LYES NO OR LINKNOWNS LIE YES GIVE WAR OR DATES! Unknown 215-34-2850 (Daughter) Same as Renola A. Avitts Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)\_ AL HYGIE REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED AS TE, WRITING THE WORD "PE RWARDED TO THE CHIEF N I: PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA ), 21201 PRIOR TO BURIAL, C) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION AT WORK | NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STARTIMORE, MARYLAND, 2 X 22a. I certify that i make cribed obove, held on Autopsy Inspection Inquiry death resulted from Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Chief 7/20/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY July/22/86 Middletown, Frederick Co. Md. Lutheran Cemetery Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Holla Davidson Riverdale, Maryland (VR A15 ME (5)) Chambers Funeral Home

Mile Square Sept. 17, 1936 10 Note that Resignate Do. Mickleton with S. Box B. S. Box B. S. Article The state of the s pletal CIV/22/35 Tarb rem Curostry Middleton, Prolestic Co., Md. Commerce Purcoust Horse Wiverwiste, Lengthend | Jill 27 mag

11812	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 6	2	0 3	16
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( 16)	3. S	EX	4. RACE		5. DATE O		& AGE (IN YEARS LAST BIR			UNDER 24 HRS
	_	Female	Whi		Dec.	26, 1908	77	YRS		
deorth P	9	BIRTHPLACE (STATE OR FOREIGH COUNTRY) Maryland	USA		WIDOWE		Frederic	k Count	У.	MD.
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offer this os the bu	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC )	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
ATTENDII Ispital or CTOR: A of Health		220. I certify that (1) (this saw the deceased also above. 1) (we) (did) (d				d that in (my) (our) opinion of	death accurred on the d	ote and hour o	nd from the cou	(we) last
TALOR, by the howy the how RAL DIRE detached tote Dept tote Dept		27% SIGNATURE	reare		1		MEDICAL STA	FF CIAN [	7- 1	-86
TO HOSPITA retained by TO FUNERA should be de with the Stot		224 PHYSICIAN SNAME	KINL	AND			H AUE,	BRH	NSWICK	MD
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	7/3/8			vet Cemetery	23d LOCATION CITY OR TOWN Frederic			STATE Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR  Ohn T. Willian	ns Funeral	Home Bru	unswic	k, Md.	OS GISTRA	296. RESTRA	R'S SIGNATORS	



0-13081	FOR T - STATE REGISTRAR	DEPARTMENT OF CERT	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	0 3 7 7
nay be page 3 c	I. DECEASED NAME (TYPE OR PRINT)  LUCITE  3. SEX	Ruberta V	Maxfield OF BIRTH	20 DATE OF DEATH MONTH  A AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 16 LO PM
ctor.	Female	White 1	8 1915	70 YRS	MONTHS DATS HOURS MIN.
A 1/13	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Oklahoma	U. S. A. WIDON	IED NEVER MARRIED DIVORCED D	Frederick Count	
10	10 CITY OR TOWN OF DEATH  Frederick	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 9034 Hamburg Road	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE  Housewife	126 KIND OF BUSINESS OR
(1) 1193	California Los	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TY 13t. CITY OR TOWN Angeles WestLakeVil.	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	ood Drive 91359
Aury July	14 FATHER'S NAME FIRST Marion	C. Smith	is MOTHER'S MAIDEN NAM	WE	Roberts
MORE A	160 WAS DECEASED EVER IN U.S. ARA		17 INFORMANT	ADDRESS 2 9034Hamburg Rd	21701
ist, Baltimor		y one couse per line for (a), (b), and (c), ) BY: E CAUSE (a)	ac Arrest	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The law requires that the death certificate has been signed by the attending plasticate has been signed by the attending plast this certificate has been signed by the attending plast has certificate has been signed by the attending plast has a property of the plasticate of the new carbons than Americal Plygiene prior to buriol, cremotion, or remoted or them 18 shows any injury, or other traumatic even	Conditions, if any, which gave rise to immediate cause (0), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	motast	v v	
ECORDS, 20  bw requires the been signed from: Then ple prior to burion to burion and injury, or the burion only injury, or the burion only injury, or the burion of the burious of the bur		ONDITIONS CONTRIBUTING TO DEATH B			VEN IN PART 11a
AL REC	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	TW. CONDINGN TOK WHICH OF EKAT	ON WASTERI ORMED	IN CERTI	FYING CAUSES OF DEATH?
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IVISION Offendir For this of the but and Me had or I	OR COLINES IN CAUSE OF DEAL  (IF EITHER NOTHY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR. Af for use a of Health		of ottended the deceased from the VEVEN SAULINGTON	and that in (my) (our) opinion	death occurred on the date and how	19
AL OR A the hos AL DIREC	22b. SIGNATURE	A-Frish, W	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 7/20/86
TO HOSPITAL erained by 1 TO FUNERAL should be det with the Store	James 1	Fr: 220/1, W	D 300 Par	x Ave, Fix	'eristyly
C/108P00	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY	23d LOCATION West ParkVills	age, Los Angeles, Ca
999 BP 11/2 60M 7/84	24 FUNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	Marzullo Funeral	. pervice Uppe:	rco, MD.	1 22 1086 gula	Davidson-Nanacon

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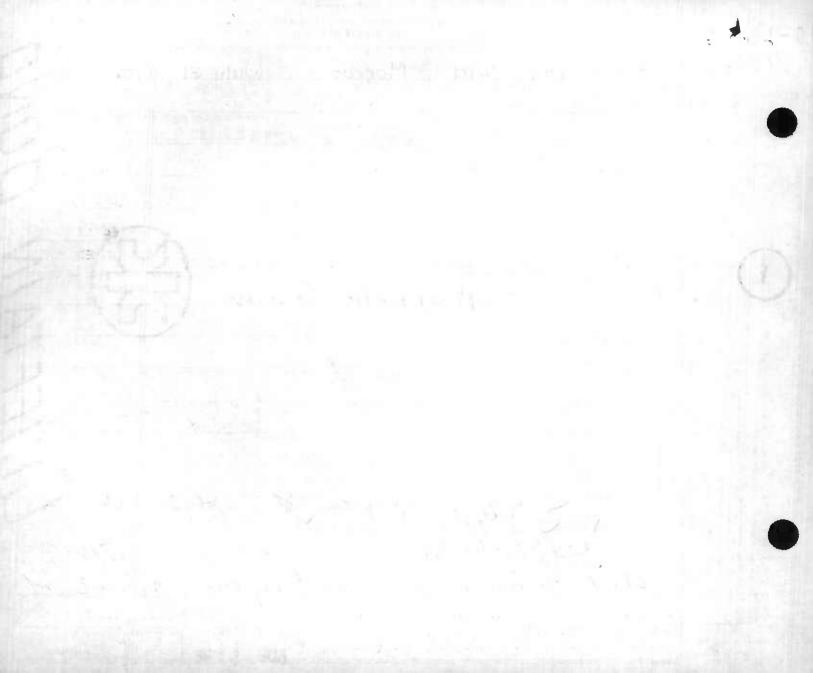
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0-12232	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 2 0 3 7 8
	DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 25 12 15
1 00	ALLE		June 30, 1986 P. M
of the same	Male	White June 19, 1922	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	BURTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED DIVORCED DI	Frederick Co. MD.
. 11/0	Middletown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BOILeau Ct.	12e USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]  Tarmer  12b. KIND OF BUSINESS OR INDUSTRY  farming
AND 212	Md. III	red.   Middletown   YES X NO	8 Boileau Ct. 21769
100	CECIL CHAI	RLES MCALLISTER BLANCHE	TRUMPOWER
IMONE	160 WAS DECEASED EVER IN U.S. OR UNXNOWN)		McAllister Middletown, Md
DS, 201 W. PRESTON ST quires that the death certi- legiesd by the attending a nan please retropre carbon bund, creentition, or tex- jury, or other traumofic es-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAL		INAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECOR	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO VES NO NO
CCIAN: 1 SCIAN: 1 SCI	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
NG PHYS NG PHYS He offer this of the one Me	21d INJURY OCCURRED  AT WORK NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDO POSTO OF CITOR A POSTO OF CITOR A POSTO OF CITOR A POSTO OF CITOR A POSTO OF CITOR OF		e on	death occurred on the date and hour and from the causes stated
RAL DR L	276. SIGNATURE	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAFF DARECTOR PHYSICIAN 7
O HOSPITAL etained by it TO FUNERAL should be det with the State MRPORTANT	1 lord	Halina 15075	tain an hel
BP	230. BURIAL, PREMATION, REMO	July3,1986 Lutheran Cemeter	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR  Thompson Fune	ADDRESS CALLON	E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

II:SI Ser to the first the contract of the contract Auto 19, 1922 of the .00 Noltabers To describe the ment of the control Fred. . 14 Control of B. Fallage Ct. Class and 229-36-104 Corelatio Meaniferent Master atota, Ma. . bil. . beir meetafahin preisen omeedand bief. Seint. Thomasu - mores best stations and farous approved

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0 1 1	400		REGISTRAR					REG. NO.	,		
	m.e		CEASED NAME	FIRST	MIDDLE	n .	AST	20. DATE OF DEATH MO		20.1100	
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(ou	0.0	3. SEX		4 RACE	. 1,	S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) FUNDER 1	YEAR IF UNDER	R 24 HRS
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	11 //		TY OR TOWN OF DEA		OF HOSPITAL, NURS I		OR OTHER INSTITUTION	120 USUAL OCCUPATION		D OF BUSIN	ESS OR
5 5	13/18 7	FR	EDERICK	FREDE	- 101 110	mori	AL HOSpital	Retired Air	Force Mi	litary	7
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90	33-4/		linois	Jackson	Carbone	NV	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	2001	77
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¥ 9	101		Noah		Money		Rida			lirts	
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9	of the state of th						VENDUS IN	JEARCTION!	7	WEEK	DEATH
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> 4	4113		cause (a), stating underlying cause	g the DUE TO.	OR AS A CONSEQU	ENCE OF					
5 4	d d d		bliderlying cause	(c).							
W 1	2000	-	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PAR	T lia	
ON DE	五年	NOL									
P P	4146/	CAI	90 DATE OF OPERAT		NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FI N CERTIFYING CAL	NDINGS USE	D
7 25	231	E E	July 12,1	986 RVD	tured Aort	ic An	eurysm	YES NON	YES	NO [	
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8 2	# 55 F		226. SIGNATORE	7/1			DEGREE		22c. D	ATE SIGNED	
<b>₩</b>	All Selections		1	Aranh	2	7	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	VO ITU	1423.1	1986
SPIT D	# 45 3 /		224 PHYSICIAN'S NA		1		22e ADDRESS		221	701	100
<b>5</b> 8	POR # BO		Steven	J. Bran	nd, mD		27 W. 7th	St. Fred	ericle, m		
25	PART	23a B	URIAL CREMATION F	REMOVAL 123h DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	100	<i>V</i>	
2406	44	(	Cremati	on Tully			urg Crematory	CITY OR TOWN	COUNTY		STATE
777 1	11								g, washin	gton,	Md.
	- 16 60M 7/B4	4 -	NAME Shi	th, Keeney	& Basford	Funer	al Home	O 1006	PEGISTRAR'S SIG		6-
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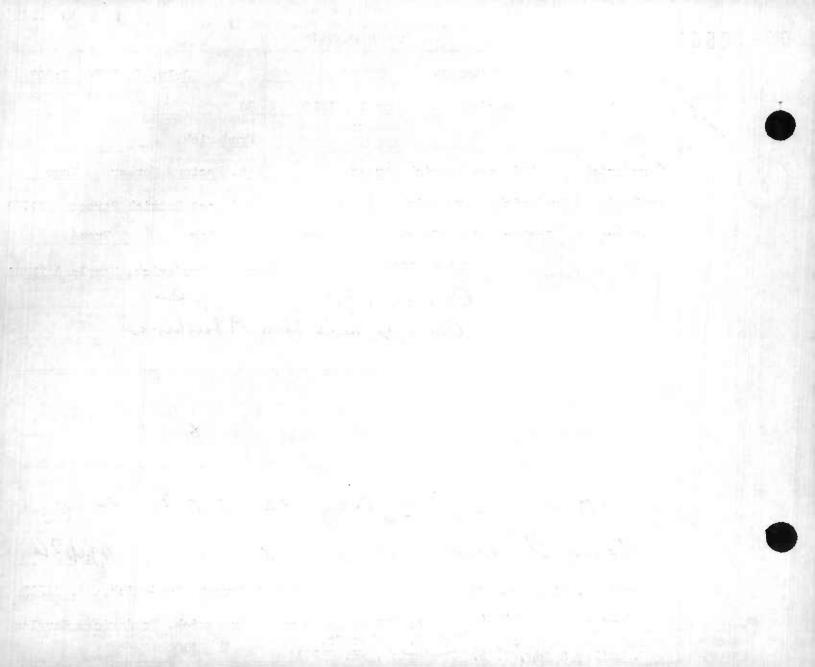


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11-	11	519	2		REGISTRAR				CERTIF	ICATE O	FDEATH		REG. NO.			
	1 (	m c	4		ORPRINTI A	FIRST	-	MIDDLE	40.00	LAST		20 DATE C	FDEATH MO	ONTH DAY	YEAR	2b HOUR
	y be	oge 3 death	44.1		Ahl	oncy	14	951	Mu	lley			7	24	1584	+:18 AM
	a B	Her		3. SE			4 RACE		5. DATE C	- DOCT	YEAR	6 AGE (IN	YEARS LAST BIRTHD	IF MOI	UNDER I YEAR	IF UNDER 24 HRS
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	6	20 /	6 9	70. BI	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVE	R MARRIED		ORE CITY OR			
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	1	21	X 1	10 C	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)			TYPE OF WO	OCCUPATION		INDUSTRY	F BUSINESS OR
8	1	5 4	2/	and the	Frederick		Frede	rick Memo	rial	Hospi	tal	Mar	ager		Retai	1 Store
E 6	2)	P.P.	DI	USU/ 13a S	AL RESIDENCE (IF NURS	13b COUN		13c CITY OR TOW	N	13d. INSIDE	E CITY LIMITS?	13e STREET	ADDRESS / Z	IP CODE		
*	1	100	1/		ryland	Fred	erick	Frederi	.ck	YES K	NO 🗌	8108	Frosty	Hill	Court	/21701
RYL	9	10/	101	14. FA	THER'S NAME FIRST		MIDDLE	tAS1			R'S MAIDEN NA	AME	WIDDLE		LAS	ST_
MA	9	15/	1		Spencer		H.	Mulle			Daisy				Hige	
ORE	dex	24	dico.		VAS DECEASED EVER (ES. NO OR UNKNOWN) Yes			166 SOCIAL SECU		17 INFOR		200	8108°S	Frost	y Hill	Court
TIM	2	S. Pos	4		Yes	1942	-1946	181-01-6	701	Mrs.	Jean Mu	ılley,	Frede	rick,		and 21701
BAL	100	o o	ŧ.		18 CAUSE OF DEATH	H Enter on	ly one couse per	line for to), (b), an	d (c).1		1	1	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
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O	oth c	cort	notic				DUE TO, O	R AS A CONSEQUE	NCE OF			La				
RES	de	nove	trout		Conditions, if any, gave rise to imm		(b)_	Direter	1	- 14 VI)	io myupe	rtg				
3	t the	y the	other troum		couse (0), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF						14	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	s tho	ed b	ŏ				(  c}_									
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OR	» rec	nit. T	ony in	CERTIFICATION	190 DATE OF OPERAL	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20e AUT	OPSY? 12	Ob. IF YES, V	WERE FINDI	NGS USED
REG	e lo	permi	W.S.	IFIC								YES 🗀	NOIX	N CERTIFY II	NG CAUSES	OF DEATH?
ITA	J Th	ronsit Hygie	88	CERT	210. ACCIDENT WAS UND	DERLYING T	216. TIME C		*	21c. HOW	INJURY OCCUP	- Land				140
OF.	CIAN	al-tro	E		OR CONTRIBUTING		10		YEAR							
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VISI	G Pt		morked	WE	WHILE NOT WH	ILE 🗍	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM, ETC )	STR	REET		CITY OR TOWN		COUNTY	STATE
ā _	NO		m D		220 I certify that(II)		tol_ottended th	e deceased fram_	TI	28	19 81	2 , to	1	- 19	- QL	that (li )we) last
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	Nos A		hem	3	226 SIGNATURE		View IIIe body	difer deam.	^	DEGREE	_				22c DATE	
	AL C	AL D letoc	±		Hell,	/	h Con	ve	M	1. 9	PHYSICIAN	MEDICAL	STAFF PHYSICIA	N	7-2	28-86
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	To	T & X	Š	23o B	URIAL, CREMATION,	REMOVAL	236 DATE		AME OF C	EMETERY	R CREMATORY	23d LOC	ATION			
	BP.			(	Burial	0,0	Aug 1,	1986/1 Mt	. Oli	vet C	emetery	Fr	ederic	k, İ	reder	ick, Md.
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		(RA 15, 4)			6 East Chu						1,00		a			

material from III.  FOR - STATE

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0 4		REGISTRAR		CERTIFI	CAIL OF DEATH	REG. NO	).		
1	I. DEC	EASEM NAME FIRST	MIDDLE	U	AST	2a DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
	1	HELEN	MARGARET	NEW	TON	Ju	1y, 5	, 1986	3:00PM
1	(SE)		4 RACE	5. DATE O		& AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
01		Female	Caucasian	May	28, 1912 YEAR	74	YRS	MONTHS DAYS	HOURS MIN.
6		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	The Court of
5		aryland	USA	WIDOWE		Frederick,			MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATION	NC		F BUSINESS OR
ч		Frederick	824 East Patrick		et	Ret. Factor			None
500	13a S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS /	ZID CODE		
0			lerick Frederic		YES X NO	824 East F			t 21701
1.7		THER'S NAME			15. MOTHER'S MAIDEN NAM	NE .	ucia	1000	
		Albert L	uther Finneyfro	k	Emma	May		Free	
4	16a V	AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE	SS	*100	
П	-{/	ES, NO OR UNKNOWN) (IF YES GIV	214-10-1	1145	Pohter C Pol-	77	1		1 01701
1					Betty C. Bak	er Fred	erick		MATE INTERVAL
		PART I. DEATH WAS CAUSE	ly one couse per line to 101, (b), one D BY:	dic.	11/20/14 d	icon C	>_	BETWEEN	NSET AND DEATH
		IMMEDIA	E CAUSE (b)	10019	tatery a	15205			
			DUE TO, OR AS A CONSEQUE	NCE OF	1 / //	A ( 1		4 46	
		Conditions, if any, which gove rise to immediate	(b) (5)	ges	Jes Hea	cr range	we	/	
		couse to, stating the	DUE TO, OR AS A CONSEQUE	MCE OF					
		underlying couse lost.	(c)			Part of the			
		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIV	EN IN PART 110	
	CERTIFICATION								
9	CAI	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
×	TIF					YES NOV		S [	NO [
0	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	WE . B	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA		YEAR 19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
	ME	WHILE NO! WHILE	AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC )	STREET	CITY OR TO	٧N	COUNTY	STATE
-			tal) attended the deceased from	nn	001 . 90	57	1	. 06	. 6
		sow the deceased alive an		16	d that in (my) (our) apinion d	enth recursed on the de	7	19.00.1	ho (we) last
		obove, (1) (we) (did) (did no	the view the body ofter death.			eom octoried on the do	re ond nour		
		The Signature .	11.1.16	100	DEGREE	A MEDICAL STAF	c	22c DATE	SIGNED
		1/16mo N	revenon	YY.	PHYSICIAN D	MEDICAL STAF	IAN	10)0	486
		224 PHYSICIAN'S NAME (TYPE C	R PRINT)	9-11	22e ADDRESS	The state of the			0
		Morris A. Will	cinson MD		700 N. Marke	t Street F	reder	rick Md	21701
		URIAL, CREMATION, REMOVAL		IAME OF CI	EMETERY OR CREMATORY	23d LOCATION	react	2010	. 21/01
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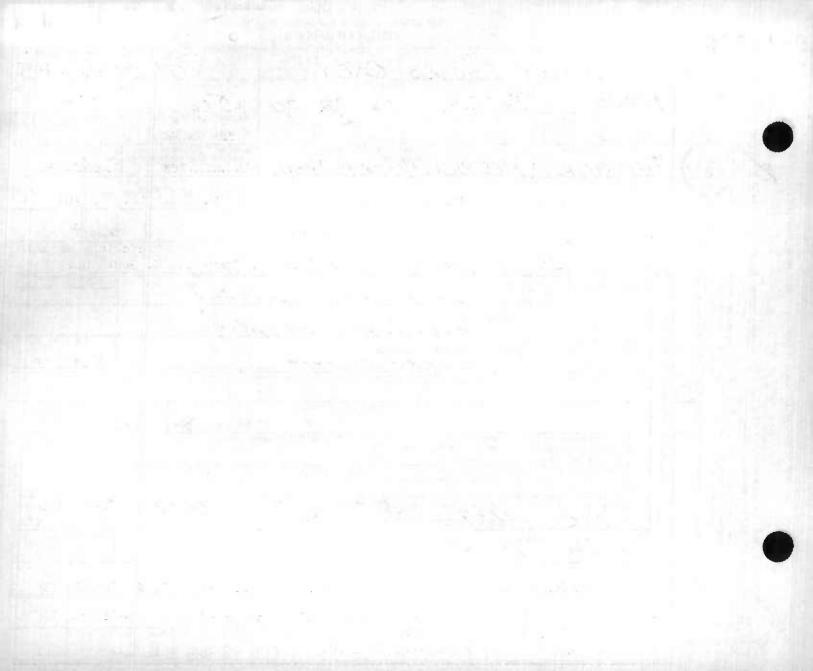
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dala illiam Ldward O'Erien Line

Yes 1955 - 1976 080-24-1359 Joan L. ('rien, Item 13

Turial July 10,1906 Post Denetery Olin L. rolesworth, F.L., Ranssons, d.

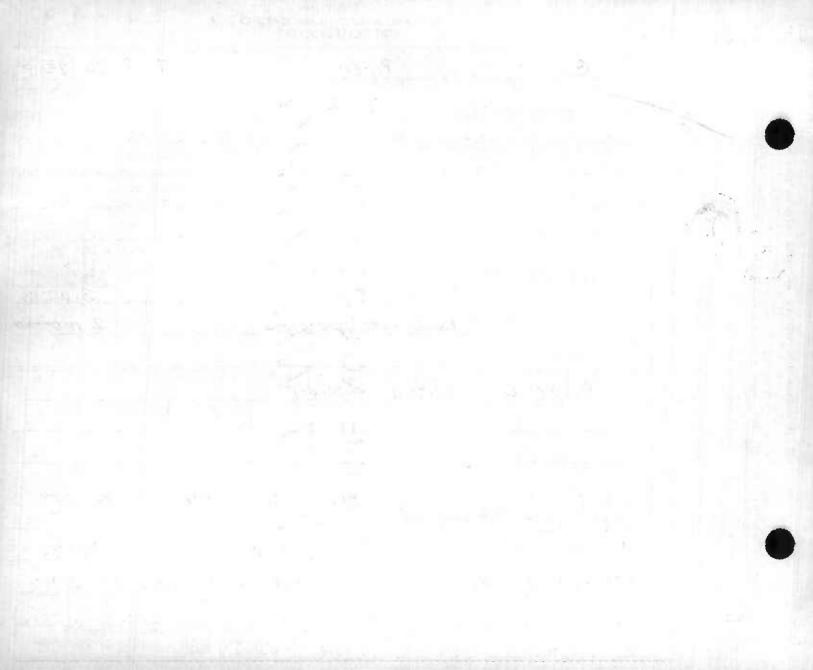
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME LIYPE OR PRINT 6 AGE TIN YEARS LAST BIRTH BALTIMORE CITY OR COUNTY OF DEATH ASTATE OR FOREIGN DELAWARE IISA FREDERICK WIDOWED DIVORCED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BLDG. SERVICE COMMERCIAL 3a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE FREDERICK FREDERICK 222 W. South St.. 21701 MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE MIDDLE TRUITT BLANCHE MANFORD ONEY ADDRESS Frederick, MD 21701 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 222 W. South St., NO 222-18-0912 Geraldine C. Unev APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). I PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which EXGENSIVE gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost core C/7019 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 IFICATION 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIS Hygir 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE He or or 22a I certify that (1) (this hospital) attended the deceased from and that in (my loar) opinion death occurred on the date and hour and from the causes stated sow the deceased give on obove (1) ave) did did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS P. GREGORY RAUSCH 4 West 7th St., Suite 7, Frederick, MD 73a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Frederick 8/2/86 Resthaven Mem. Gardens Frederick BURIAL 24. FUNERAL DIRECTOR G. DOUGLAS STAUFFER 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 1621 Opossumtown Pike, Frederick, MD 21701 (VRA 15. 4) relia Davidson pandasa.

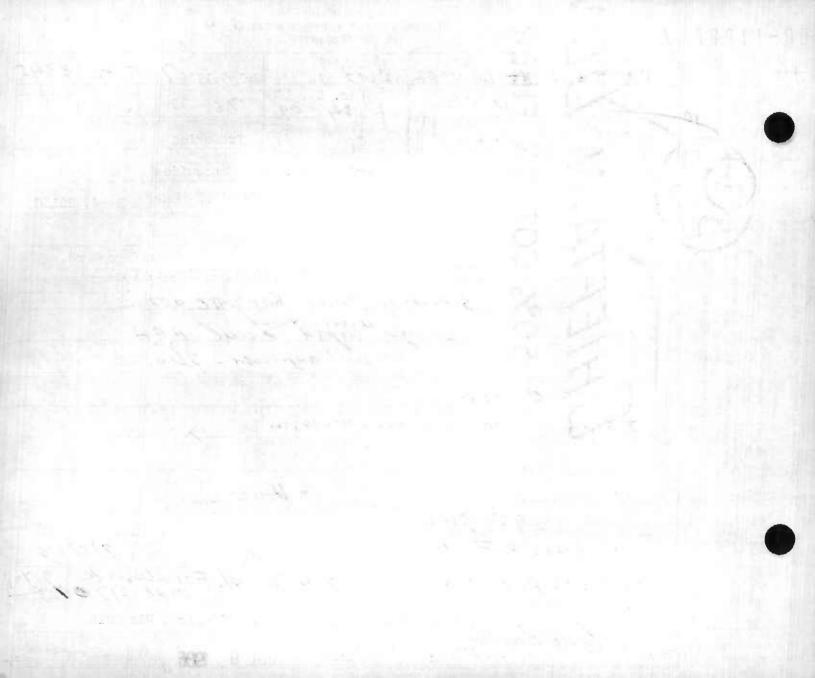


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	TO HOSPITAL OR retained by the h TO FUNERAL DIRI should be detached with the State Dep	TANT.		22d. PHYSICIAN'S NA		OR PRINT)	rico	2774	220. ADDRE		MEDICAL DIRECTOR [	STAFF PHYSICIAN	- 0	1/8	186
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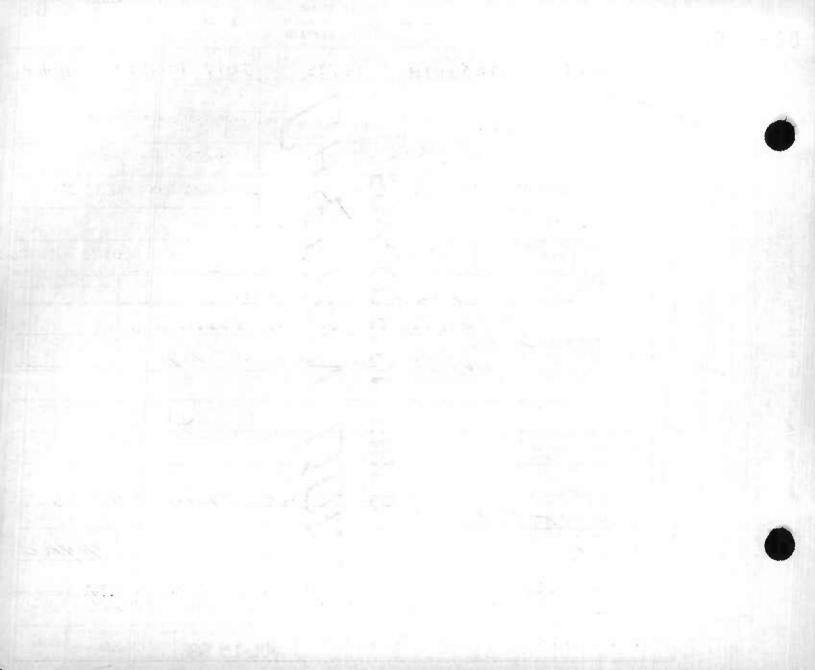
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33 67	1	Frederick	Frederick	Memorial	Hospital (	Laborer		Constru	ction
og 51 47	USU	AL RESIDENCE (IF NURSING F	COUNTY 13c CITY O	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIR CODE		
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il de la		ATHER'S NAME		- 41-1	15 MOTHER'S MAIDEN N	AME	DOX OF	7 21750	
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be be	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS US	ED
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5 g 5 g g	23a.	BURIAL, CREMATION, REM		23c NAME OF C	EMETERY OR CREMATORY				
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DHMH - 16 60M 7/84		NAME Debases I Co	AD	DRESS . U.	J DE 425	11 1 4 1986	- whice New	A 2 15 A	)Die
(VRA 15, 4)		KODERT L. SD	encer - Harpers	rerry, W	V 25425 V	OF 1 7 1200	7		





00-	-12509	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH  REG. NO.								
	page 3 I	(1	DECEASED NAME MARY TYPE OR PRINT)  MARY	ELIZABETH ELIZABETH	POTTS POTTS	July 97/1948	DAY YEAR 26 HOUR 11:40 PM					
	ctor. p	3.	FEMALE	WHITE	5. DATE OF BIRTH 981/15/09 YEAR	6. AGE   IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER I YEAR IF UNDER 24 HRS					
	neral dire	2 10	BIRTHPLACE (STATE OR FOREIGN MARYLAND	76. CITIZEN OF WHAT COUNTRY?	8 MARRIND NEVER MARRIED WIDOWED DIVORCED	PREDERICK COUNTY	OF DEATH MD.					
102	by the fu		FREDERICK	11. NAME OF HOSPITAL, NURSIN FREDERICKUMEMOR	NG HOME OR OTHER INSTITUTION  MAESSIHOSPITAL	120 USUAL OCCUPATION HOMEMAKE POST OF WORKING LIFE	126 KIND OF BUSINESS OR E) HUMERY					
AND 212		MI	9 STATE FRED	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR PRICK THURMONT	YES NO	1:3204 ADAFOCTENO	URNACE 21778					
MARYL	ampletely and 2 s	214	HOWARD E. POTTS	SMIDDLE LAST	ANNIE M.		LAST					
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JIV 40	SICIAN: Ting physical certificate rial-transferral Hygin Hem 28 sh	-001	OR CONTRIBUTION OF CHIEF OF OR	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)					
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۵	spital ar STOR: Af for use a of Health			otherwise the bady ofter death.	6, and that (a) (aur) apinia	n death occurred on the date and hour	19 S G , that (we) last r and fram the causes stated					
0	AL OR A the has AL DIREC detoched ote Dept.		22b. SIGNATURE	24	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/19/as					
	etoined by TO FUNERA should be de with the Stot		P. G. RAI		22e ADDRESS 4 W. 7th ST		21701					
	BP	23	BURIAL CREMATION, REMOVAL		MANE OF CEMETERY OF CREATORY		ERICK MD STATE					
	DHMH - 16 60M 7/84 (VRA 15, 4)	24	D. NAND. HARTZLER	WOODS	BORO, MD	ATE REC'D. BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE					

STATE OF MARYLAND



23b. DATE

7/8/86

Mr. Benjamin E. Price Frederick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONT VASCULAR ACCIDEN RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ CITY OF TOWN COUNTY STATE ond that I (my) (our) opinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN M.D 23d LOCATION Hyattstown Chris. Ch. Cem Hyattstown, Montgomery, Maryland 250 DATE REG D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1201 N. Market St. Frederick, Md. 2170

MONTH

12b. KIND OF BUSINESS OR

Wilt

None

21701

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Dailey & Son. P.

Burial

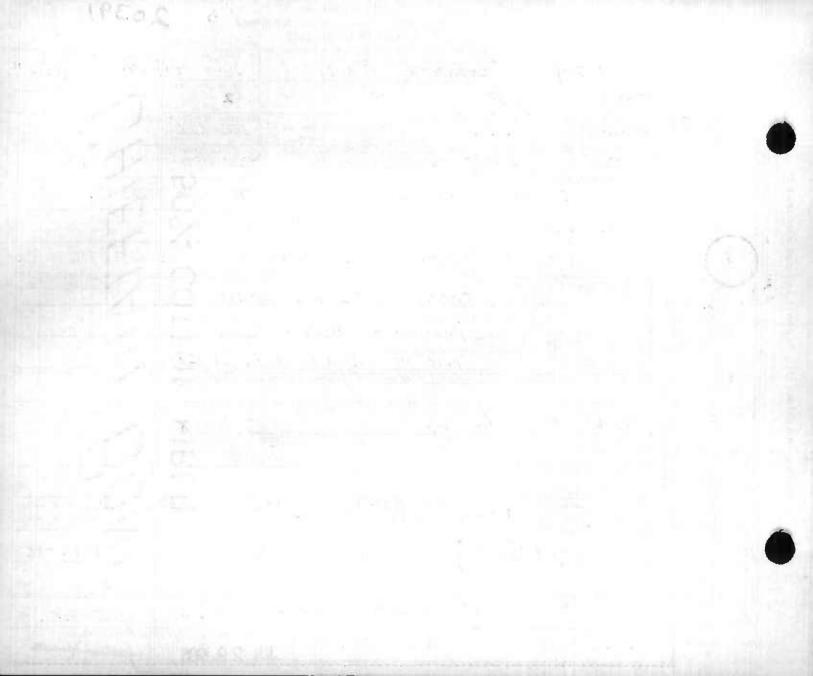
TROUBLE AL TAVOURTE MARIE MARIE LE

-12052	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	2 0	3 9	Ů.
oge 3 C Z		CEASED NAME FIRST E OR PRINT)  Mene	dith.	Edvin.	1	Renn.	2a. DATE OF DEATH	MONTH DA	8 86	26. HOUR
ge 4 mo)	3. SE		4 RACE	hite.	5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
Poor dim		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		F WHAT COUNTRY?		D NEVER MARRIED D	P. BALTIMORE CITY OF Frederic	_		WC
by the fu		TY OR TOWN OF DEATH		F HOSPITAL, NURSING LUCH FACILITY, GIVE STREET A BRICK MEMOI		Hospital	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired F	ON F WORKING LIFE)	& Scho	
filled in	13a M		or other institution	131. CITY OR TOWN Adamston	1	13d INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / 5516 Moun	ZIP CODE tville		t <del>ractor</del> 21710
ompletely of 2 st	14. F.	ATHER'S NAME William	MIDDLE H.	Renn		15. MOTHER'S MAIDEN NA Baith	WE	S	mith LAST	
n ond co Poges 1	16a	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES IVE WAR OR DATES) Vone	218-24-99	11Y NO. 42		ert W. Renn derick, Md.			Ave.
equires that the de in signed by the of Then please remov r to burial, crematitinjury, or other tra	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Openior	( Ic)_	OR AS A CONSEQUEN		NOT RELAYED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVE	N IN PART 110	utis
he low requi	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH (	PERATIO	N WAS PERFORMED	YES NO.	206. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
NG PHYSICIAN, T ottending physicial fer this certificate os the buriol-transis th and Mental Hygi arked of Tem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR ER) 21e. PLAC	OF INJURY A.M. MONTH DA' P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	- In	RT I OR PART 2)  COUNTY	STATE
OR ATTENDIN e hospital or DIRECTOR: Afr oched for use o Dept. of Health f frem 21 is man		27a.1 certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did n 22b. SIGNATURE	7 -	7- 1986		nd that in (my) (our) apinion DEGREE		-	and from the c	SIGNED
HOSPITAL funed by th FUNERAL wild be dete h the State		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	BATIN		ATTENDING PHYSICIAN [	DIRECTOR PHYSIC	IAN []	July	2 hd
₽₽ ₽₽ \$ <b>\$</b>	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY ivet Cemetery	234. LOCATION Frederic	k, Fre	derick	2-170/ Md. Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOS mith,	Keeney	& Basford	Fune	ral Home 250. DAI	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATE	JRE

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(VRA 15, 4)

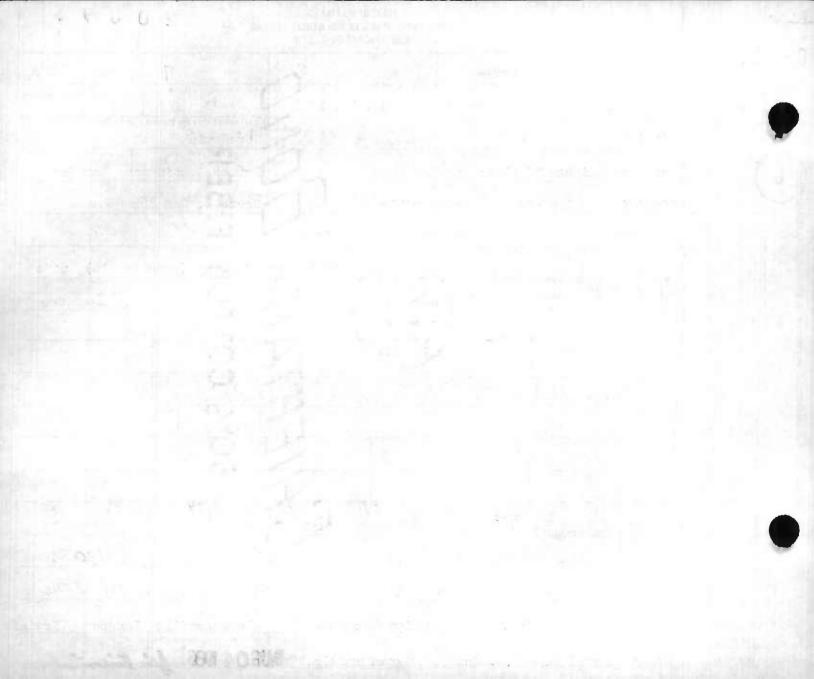
Julia Davidson Randall.



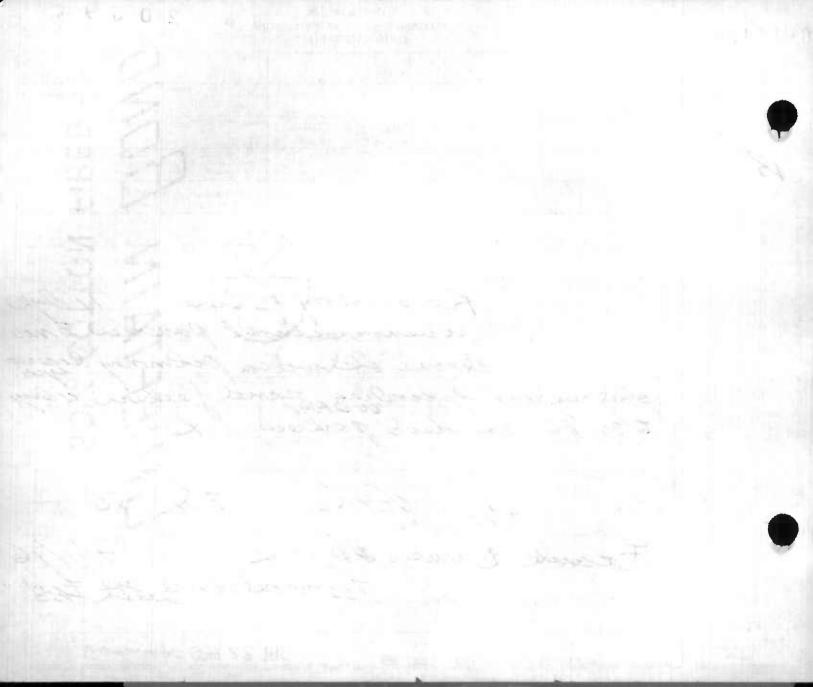
0-1	313	6	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	GIENT REG. NO.		**
				CEASED NAME FIRST		MIDDLE	· ·	AST .	20 DATE OF DEATH	YEAR 7	26 HOUR
o o	page 3		(TIPE	ANDREV	JAC	CKSON	RHI	EΑ	7//8	100	BAM
30%	000		3. SE		4_RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
7	s of		M	ALE	WHITE		12	02 1917	68 YR		HOURS MIN.
000	420	8/	70 B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COU	The state of the s	
	1:0	CX		·VA	USA		WIDOWE		FREDERICK		MD.
CV.	119	学力	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESS OR
0	110	む	A	DAMSTOWN		illage Co			electrician		cturing
212	pe pe	9	USU.	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C		- III
MARYLAND 2	filled	C.			EDERICK	ADAMSTOW		YES NOXX	5407 Village		21710
YLA ithin	etely d 2 sh	914	14_F/	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		
A b	apple of the state	6)	E	RNEST	J.	RHEA		MINERVA	WIDDIE	McCarty	77
RE, /	d co	las		VAS DECEASED EVER IN U.S.		166 SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDRESS Ad	amstown,	MD
WO	000	medico	(	VES NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	225-05-1	874	Virginia M.	Rhea 5407 Vill		
BALTIMORE,	oers.	\$ /				•		1111	1	APPROXIM.	ATE INTERVAL
0	phy	vent		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	(arcu	ien	6017	(ida)	3,1	unth
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STC	ve c	na		Canditians, if any, which	( 1b)	N A3 A CONSEQUE	140001				
	the a	er tro		gave rise to immediate cause (a), stating the		R AS A CONSEQUE	NCE OF				
W.	by ose ol, cr	other		underlying cause last.	(c)_	WHO H CONSEGUE	1102 01				
, 20	n ple	ğ.		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART La	
DIVISION OF VITAL RECORDS,	The Tree	2	CERTIFICATION								
3	rait prio	oud	S S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDING	
ALR The	ton.		TIE						YES NO P	YES [	NO 🗌
<b>5</b> z	hysicia icate iransit Hygie	18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)	
0 10	s certifo burial-t	Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M	19				
NOIS SHA	this of Me	ō	ED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARA EIC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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L C	R: A	s mo		22a I certify that (I) (this has	The state of the s		3-1	6 1/619	2 , to	6 19 6 th	at (1) (weldest
	CTO for	21		saw the deceased alive above, (1) (well(did) (did-	an not wiew the bady	atter death.	01	nd that in (my) (euc) apinion	death accurred on the date and	haur and from the ca	iuses stated
200	DIRE DIRE Dept	Hen		226 SIGNATURE	11	, )	a.c.	DEGREE		220 DATES	IGNED
AL AL	£	#		alles	2 M	equa			MEDICAL STAFF  DIRECTOR   PHYSICIAN	7/18	986
SPIT	FUNERAL old be den the State	TAN /		224 PHYSICIAN'S NAME (TYP				22e ADDRESS			
OH	TO FUNE should be with the	MPORTANT:		Robert S. Hu	ignes, M.	.D.		700 Montca	ire Ave., Fred	k, Md. 21	701
5	ē ← 2× 3	≤ .	23a_1	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	BP			BURIAL	7/20/		kitt	sville Union_	Burkittsvill	e Frederi	ck MD
DH	MH - 16 60M	7/84	24 F	JNERAL DIRECTOR G.	DOUGLAS	STAUFFER		25a. DA	TE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATUR	RE
	(VRA 15, 4		1	621 Opossumtov	vn Pike,	Frederick	, MD	21701	UL 22 1986 gui		

toric in pheco pour establishment

7-	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		END 6	2 0	3 9	3
0-15184		CEASED NAME FIRST		MIDDLE		AST	_	20. DATE OF DEATH	MONTH DAY		310 P.
noy be poge 3		Roy	EDGA	R k	ridge		Sr.	1 105	7 29	86	1 M
ctor, p	3. SE	Male	4 RACE Ca	ucasian	S. DATE O	. 14, 190		6. AGE TIN YEARS LAST B	YRS.	UNDER 1 YEAR	HOURS MIN.
nerol dire	7º B	RTHPLACE (STATE OR FOREIGN COUNTRY) Tginia	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEL WIDOWE	NEVER MARR		9 BALTIMORE CITY Frederic	OR COUNTY O	FDEATH	MD
by the for	100	addock Heights	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET A A Nursing	G HOME O	R OTHER INSTITUT		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Farmer &	OF WORKING LIFE)	INDUSTRY	BUSINESS OR ming
filled in E		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU.	ROTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE  13t. CITY OR TOWN  Lovettsv		136 INSIDE CITY LI	IMITS?	13. STREET ADDRESS Route 2,	ZIP CODE Box 222	99	1999
This ithis		ATHER'S NAME	MIDDLE	1 4 5 7		15 MOTHER'S MAI	IDEN NAM	NE 3			
MAR wed w	2	Thomas	MIDDLE	Ridgewa	.y	Minni	ie	MIDDIE		Orris	on
AORE, ond co ond co loges 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI		17 INFORMANT		ADDI			
		no		223-50-6	108	Lydia Lo	ouise	Ridgeway	(same a		
T., BALTIN physicion npopers. F movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (a), (b), and	liçsi		-				MATE INTERVAL
remong ph			TE CAUSE (0)	Pheymon	ua			21.00		20	Necks
DS, 201 W. PRESTO	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)		NCE OF	NOT RELATED TO T	THE TERMIN	1 1		IN PART Ito	
L RECORI ne low req on. hos been permit. Ti ene prior t	CERTIFICATION	190 DATE OF OPERATION		15 - type	OPERATION	WAS PERFORMED	D	1 flbrill o	20b. IF YES, V	WERE FINDIN	IGS USED OF DEATH?
F VITAL RE ICAN The Ican Properties of Hygiene of Hygiene in 18 shows	E E	210. ACCIDENT WAS UNDERLYING	216, TIME O	E IN HIPY		Tale HOW INCLIDE	/ OCCUPPE	YES NO	YES		NO 🗌
N OF VITA SICIAN: TI ang physicia certificate certificate uriol-tronsit fem 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	THE HOW HAJOR!	OCCORRE	LO LENIER NATURE OF IN.	ORT IN HEM 10 PART	I ORPARI 2)	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physicion. After this certificate has been sig e as the buriol-transit permit. Then olth and Mental Hygiene prior to b marked or item 18 shows any injury	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET		CITY OR 1	OWN	COUNTY	STATE
N S S S S S S S S S S S S S S S S S S S		220 1 certify that (this hosp saw the deceased alive o above, (If we) (did) (did n	7/28	e deceased from 19		d that in (my) (our)	9 <u>82</u> Jopinion di	eath occurred on the	date and hour o	nd from the	that (1) collast
AL OR ALTE AAL DIRECTO detoched for inte Dept. of h IT. If frem 21		Kathleen	Woods	Stern		DEGREE ATTEN PHYS	NDING SICIAN	MEDICAL ST.	AFF ICIAN []	7/30	SIGNED  9/86
TO HOSPITAL TO FUNERAL should be dete		Kathleen	Woods -	Stern	MD			ve Brun	swick	Md .	21716
CALADOG		BURIAL, CREMATION, REMOVA				EMETERY OR CREM	AATORY	23d LOCATION CITY OR TOWN	(	COUNTY	STATE
(19 BP 199	24 5	Burial UNERAL DIRECTOR	Aug. 1	, 1986 Un	ion C	emetery	Tasa DATE	REC'D. BY REGISTRA			Virginia
DHMH - 16 60M 7/84	1	NAME		ADDRESS		ERT	DO DATE	REC D. BT REGISTRA	KEGISTRA	K S SIGNATI	UKE
(VRA 15, 4)	B	rown Funeral Ho	ome P.O.	Box 320,	Love	ttsville,	LVa	ELECT SER		Section.	F. Lore



STATE OF MARYLAND



/-	13928	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY	SENE 6 2 0	3 9	3
	m.c		CEASED NAME FIRST	-	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	nay be page 3 er death		515		vieve Mari			July 27, 1986		1:35 a M
	ctor,	3. SEX	Female	* RACE	9	5. DATE C	23, DAY 1899 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	nerol dire	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUN Frederick	ITY OF DEATH	MD.
-	offer d		TY OR TOWN OF DEATH	Villa	St. Micha	el, E	mmitsburg, Md.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Child Care	G LIFE) INDUSTRY	of Charit
AND 21	filled in	USU/ 13a. S	AL RESIDENCE (IF NURSING HOM TATE 13b. CC	E OR OTHER INSTITUTIO	13c. CITY OR TOW Emmitsbu	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 333 S. Seton	Avenue	1727
X	completely f	14. F.A	Joseph Rye	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME OF THE STREET GENEVIE	ve Powers	LA:	ST
BALTIMORE, MAR	n and ca Pages 1		VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? GIVE WAR OR DATES)	216-54-8		17 INFORMANT	ADDRESS e-Villa St.Mich	nael, Emr	mitsburg
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	requires that the death ce in signed by the attending if then please remove carbor or to burial, cremation, or re y injury, or other traumatic.	NOIL		DUE TO. (c)		NCE OF		inal disease or condition (		
AL RECO	The low ricion.  te has been sit permit green prior	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH	OPERATIO		YES NO	YES, WERE FINDI RTIFYING CAUSES YES [	
NOF VIT	IYSICIAN. TI ding physicia s certificate buriol-transit Mental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM	IB RART ( OR PART 2)	
IVISION	ottending ottending fler this os the but th and M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE F	ARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
•	TO HOSPITAL OR ATTENDIA retoined by the hospital or TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heali MPORTANT: If Hem 21 is mo		220 I certify that his his sow the deceased always (we) (did) the SIGNATURE	view the bod	ly ofter death.	- 10	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the	SIGNED STOR
	0 de 0 de 4 de 4		URIAL, CREMATION, REMOV	AL 23b. DATE		AME OF C	EMETERY OR CREMATORY	ve., Emmitsburg	COUNTY	21727 STATE
	BP		Burial JNERAL DIRECTOR	July 3	30,1986  St	. Jos	eph's Cem.		rederick	MD MD
	DHMH - 16 50M 4/82 (VRA 15, 4)		ciles Funeral	Home	210 W. Emmitsbur			31 1900	ISTRAK S SIGNA	TURE

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STATE OF MARYLAND

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	)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	0
3	-
DING PHYSICIAN The low requires that the death certificate be executed within 24 hours attended in 1996 4 may be	1
or ottending physicion.	3
After this certificate has been signed by the ottending physician and campletely falled in by the turns america. page 3 sees the burial-transit permit. Then please remove carbon papers. Pages Load 2 shoold be line.	7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR LIYPE OR PRINTS ELMER WILLIAM SEWARD 4 RACE 5 DATE OF BIRTH RS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MALE 12 WHITE 23 1908 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA DIVORCED WIDOWED FREDERICK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY FREDERICK CITIZENS NURSING HOME farmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 STATE 136 COUNTY 137 CITY OR TOWN 21755 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO X 4719 Old Middletown Rd MD FREDERICK **JEFFERSON** YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST MIDDLE LAST LLIAM HENRY SEWARD FANNIE VIOLA EVE KEMP 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) George Saward P. O. Box 21, Jefferson. 212-24-7205 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF reenonie Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I/A 28s AUTOPSYT 1th CONDITION FOR WHICH OPERATION WAS PERFORMED 20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH) NOT NO F

No DATE OF OPERATION

\$1s ACCIDENT WAS UNDERLYING

DECONTRIBUTING TO CAUSE OF DEATH

OF EITHER NICHTEY MEDICAL EXAMPLES

AT WORK

21d INJURY OCCURRED

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(at Home Street factory office hake bic)

THE HOW INJURY OCCURRED LIGHTS WATURE OF PULLET INVITED HE PART I DRIVABLES 10

TH LOCATION

22e. ADDRESS

231 NAME OF CEMETERY OR CREMATORY

228 H

CITY OF TOWN

COUNT MATE

saw the deceased alive on 22b. SIGNATORE

(SPECIFY)

FOR

3. SEX

MD

NO

CERTIFICATION

MEDICAL

bri

th the

00

obove, (1) (we idid (did not) view the body ofter death

21e. PLACE OF INJURY

DEGREE

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in any popular death occurred on the date and hour and from the causes stated

224. DATE SIGNED 23/86

226 PHYSICIAN'S NAME (TYPE OF PRINT)

Bernard O. Thomas

MarkorSt. Frederick. MD

230 BURIAL CREMATION REMOVAL 236 DATE BURIAL 7/25/86

Manor Cemetery

FREDERICK 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE una Davisson-1, 18

FREDERICK

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

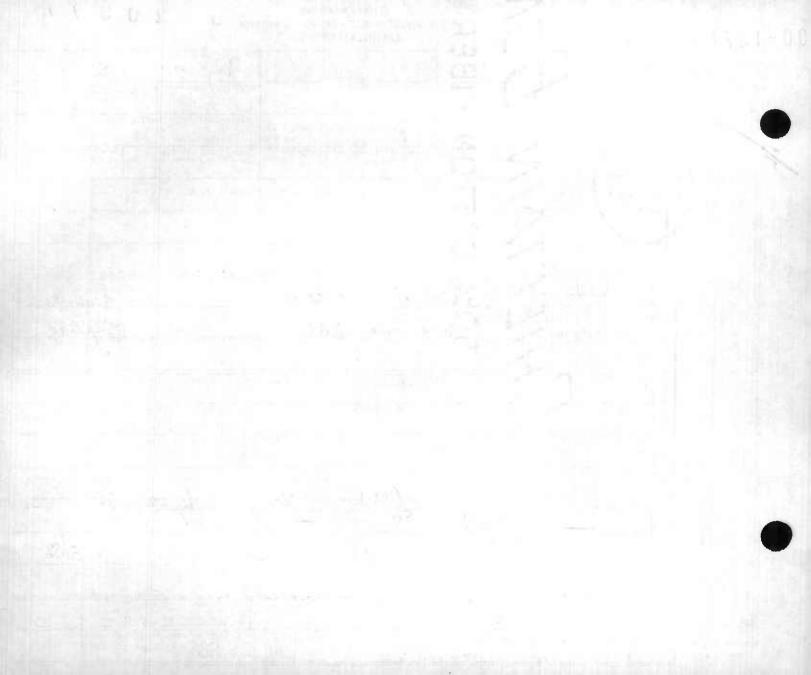
24 FUNERAL DIRECTOR G. Douglas Stauffer

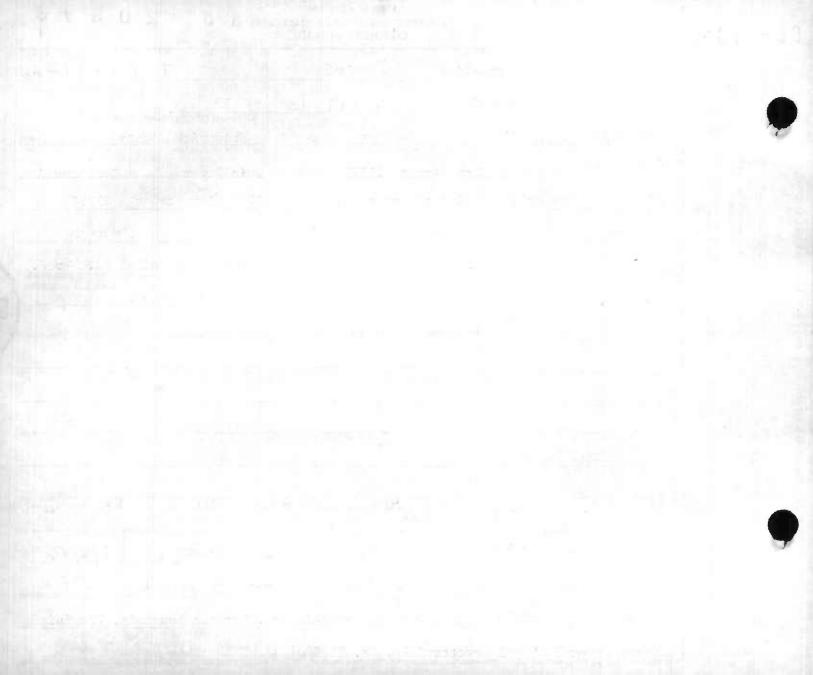
27s I certify that III (this hospitul) attended the deceased from

1621 Opossumtown Pike, Frederick, MD

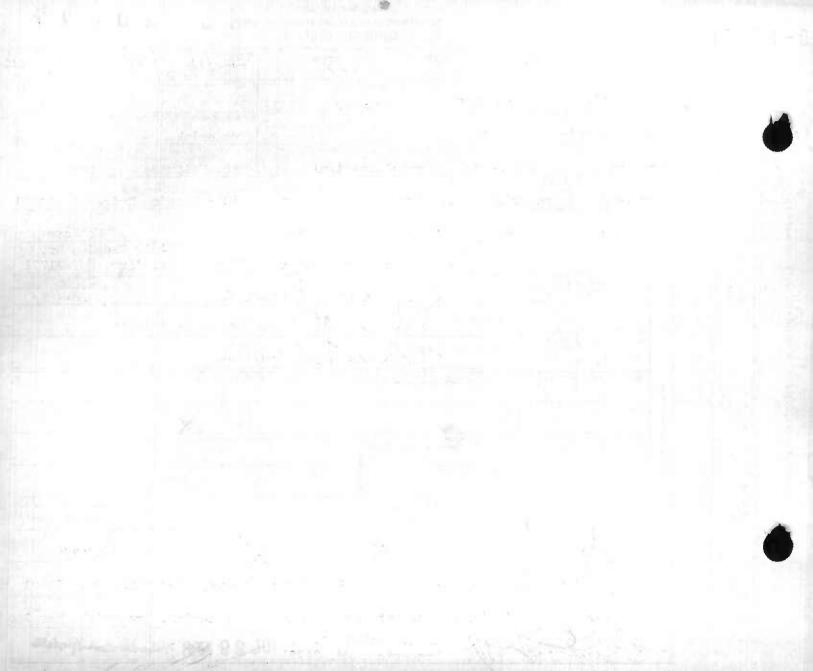
CITY OR TOWN

STATE MD

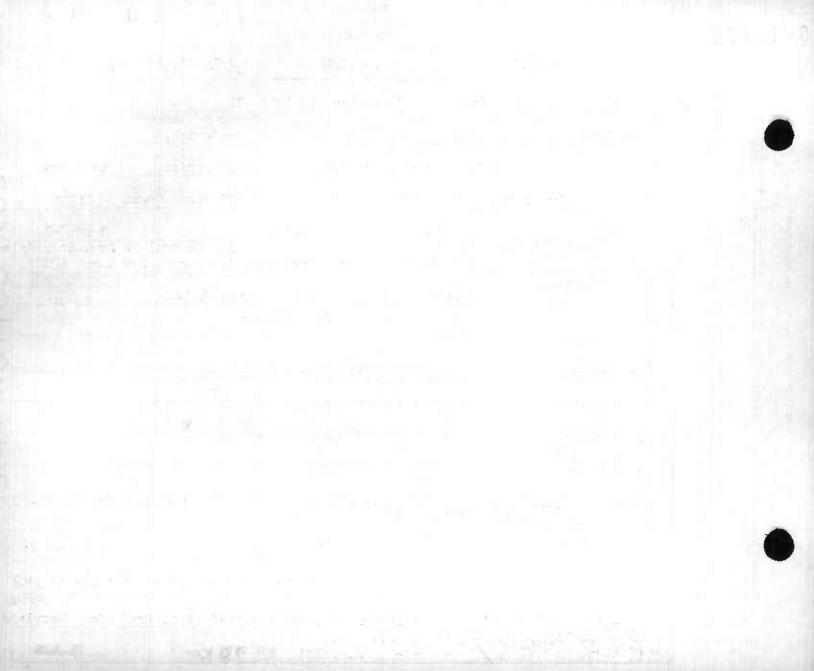




3851	1.	FOR STATE			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ECATE OF DEATH	GIENES 6	2	0 3	9 9
3031		REGISTRAR  EASED NAME OR PRINT)		STER	MAY	5	SIER	7/26/86	S. NO. H MCHHH 81	DAY YEAR	26 HOUR PA
disc pos	3 SEX	Female	1	RACE Caucasi	an	S. DATE (	DAY YEAR	6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 III	C	RTHPLACE (STATE OR FO	PREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	mber 28, 1912	9. BALTIMORE CIT		OF DEATH	
100	10, CI	st Virgini	TH 1	(IF NOT IN SUC	OSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	Frederic 12a USUAL OCCUMENTAL OF WORK FOR MACHINE OF WORK FOR MACHINE	PATION	12b. KIND C	MD. OF BUSINESS OR
107	-	ederick AL RESIDENCE (IF NURSIN		THER INSTITUTION,	CK Memor:  GIVE RESIDENCE BEFORE  131. CITY OR TOW	ADMISSION)	ospital  134 INSIDE CITY LIMITS?	Ret. Wai		Nor	ne
25	Ma	ryland THER'S NAME		erick	Mt. Air		YES NO S	4317 La	angdon I		21771
80	1/- 14	James	Tl	homas	Hard		Cora	MIDDI			lers
/ medic	16a VV	AS DECEASED EVER IT		WAR OR DATES)	216-22-		Mr. Wilmer D		Mt. Ai	ry, Md	. 21771
central (		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly S CAUSED MMEDIATE	BY:	line la rorgh, on	The same of the sa	toy fail	luie			MATE INTERVAL ONSET AND DEATH
by the otherid site remove co i, cremotion, o other troumot		Canditians, if any, gave rise to imme couse (0), stating underlying cause	ediate the	(b)	R AS A CONSTOU	ini	es helstre	Arm Vul	n Dise	· Lya	
Then pile r to burio injury, or	NOI	PART 2 OTHER SIGNI	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 10	0'
or permit	FK	190 DATE OF OPERATE	ON	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	, IN CERTIF	S, WERE FINDING CAUSES	
Service of the servic	CAL CERT	218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	HOUR A./	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
w pood w	MEDI	21d INJURY OCCURRE	-	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC ]	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
of Health		22a.1 certify that (1) (1 saw) the deceased				, aı		death occurred on the			that (I) (we) last couses stated
Ste Dept T. If here		27% SIGNATURE		(820)	oner death.	M	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR DIPH	STAFF YSICIAN []	7/27	
hould be d		STA PHYSICIANS NA	WE TIM CH	PRINTIL (	SON		1475 Taney	Avenue, F	rederic		21701
	Jlu B	URIAL CREMATION, R	EMOVAL	7/30/8	2 1/32		EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	N_1- T	COUNTY	STATE
5 60M 7/84 15, 4)	R	Burial New Policy Constitution of the Constitu		Certs	1201esN	Marl	cet St. 250 DA	TE REC'D. BY REGISTI	RAR 256. REGIST		Marylan



) - 1	38	5 2		1 -	FOR STATE REGISTRAR				NT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 0	4 (	0 0
	, pe	page 3			CEASED NAME OR PRINTI	FIRST A LWAI		MIGGLE		SNOW		71986 q		1:00 PM
	uo u			3. SE	(	4	RACE	5	DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	9 0	ector ors of	120	-	Male	50.0	Whit	te 5	epte	mber 22, 1914		YRS		
	leoth. Po	nerol di in 72 ho	19		RTHPLACE (STATE OR FO COUNTRY)  New York	DREIGN 7		TT CO A	MARRIE	D NEVER MARRIED	Frederick		FDEATH	MD.
5	- Common of the	by the fu	14	1	TY OR TOWN OF DEAT rederick	100	(IF NOT IN SUC	HOSPITAL, NURSING THEACHITY, GIVE STREET ADD CK Memoria	DRESS)	spital	124 USUAL OCCUPATE (1YPE OF WORK FOR MOST O Optometris	F WORKING LIFE)	12b. KIND C INDUSTRY Optom	etry
ND 212		filled in l	75	130. 5	AL RESIDENCE (IF NURSIN TATE ryland	or the second of	Y	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 423 Megan	ZIP CODE Court	21	701
MARYLA	d with	npletely and 2 sh	01	_	THER'S NAME FIRST Carl	M	IDDLE	Snow		15. MOTHER'S MAIDEN NA Gisella	ME		R ose	nfeld
MORE, I	e execute	Pogest	medicol e		VAS DECEASED EVER I		NED FORCES?	166 SOCIAL SECURIO 060-12-79		Mrs. Kathlee				Scarsdale
BALTI	licate be	ers.	ent, me		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	one cause per BY: CAUSE (a)		c1.1	0F TITE	BLADDER			MATE INTERVAL
15, 201 W. PRESTON	uires that the dea	signed by the offer nen please remove burial, cremation	ury, or other troup	z	Conditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	ediate 3 the last.	(  c)_	r as a consequen		NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN	IN PART 1	a'
DIVISION OF VITAL RECORDS.	he law req an.	hos ene	and the second	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, YES IN CERTIFY!		NGS USED OF DEATH?
OF VITA	CIAN: T	certificate unal-transit tental Hygie	G	ICAL CER	716. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	n .	DF INJURY M. MONTH DAY M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I I OR PART 2)	
IVISION	G PHYSI	he bu	Lked or	MEDIC	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAR	M. ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
٥	ATTENDIA ospital or	TOR: Af for use a of Health	Z I is mork		220.1 certify that (1) saw the decease abave, (1) (wetter				J U C	nd that in (my) (our) opinion	to 7 - 2 death accurred an the do			that (I) (we) last causes stated
0	TAL OR A	RAL DIREC detached tate Dept.	E = 1		22b. SIGNATUR	10	Cr	ovely	n		MEDICAL STAI	IAN 🗆	220. DATE	SIGNED
	O HOSPI etained b	should be det	W CK		RABER	TI	? CR	ouch		806 Tal	House A	ve, f	redon	itmd
	F 2				SURIAL, CREMATION, F	REMOVAL	226 DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	The state of	COUNTY	Many lan
		- 16 60M 7 RA 15, 4)	7/84	24 F)	Burial	S SO	17/29/8	1201 N. M	larke	en Mem. Garder et St. 21701 .11	is Frederick TE REC'D. BY REGISTRAR			



00 10100	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIÈNE 6 2 0	401
UU-13130	I DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	(TYPE OR PRINT) Chayle	9	Jittely	7	15 86 200 AM
ge 4 ma ector, po urs after c	3. SEX	1 RACE	5. DATE OF BIRTH SAY YEAR VEAR VEAR	6 AGE (IN YEARS LAST BIRTHDAY)  57 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Parin 22 ho	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	16 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	PRACTIMORE CITY OR COUNT	Y OF DEATH  MD.
5 100	10 CITY OR TOWN OF DEATH	Steward Manor	· Apts Frederick mit	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE) 126. KIND OF BUSINESS OR INDUSTRY BUSINESS GOVES
AND SECOND	13a. STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO D	1300 Motter Av	
\$ 15/b/	14. FATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN NA	MIDDLE	LAST
3 1 1 4	ORVILLE 160 WAS DECEASED EVER IN U.S. A	D. STITELY RMED FORCES?   166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	FOGLE
MOR ond ond ond	(YES, NO OR UNKNOWN) (IF YES G	DUT HAVE COOP LITTED	-1892 Douglas L. S	Stitely 5997-G L	lerick, MD 21701
DS. 201 W. PRESTON ST., quires that the ileasth certification of the attending philam plant plant plant in the company to build a remotion, or elementary, or other froundric even	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	4.1	JENCE OF	ADRA O CAVE, NEW	
N. RECOR	190 DATE OF OPERATION  1 - 8.5  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH Same	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
NOF VIT.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	HOUR A.M. MONTH	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
VISSO	WHILE NOT WHILE DAT WORK	(AT HOME STREET, FACTORY OFFICE.		CITY OR TOWN	COUNTY STATE
ATTENDEN OF COLOR AND COLO	22a.1 certify that (1) Ithis has	pital) attended the deceased from,	Ne uses bey 19 85 Rb , and that ir (m) (aur) apinion	death accurred an the date and ha	that (1) (we) last us and from the causes stated
0 1 0 0 1 1	John a.	- Llutto my	M.D. ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	7-15-86
O HOSPITA trained by O FUNES on the the Sta	JOHN A.	Shutta M.D.	22e ADDRESS		Walkers in lle, und
	23a BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	BURIAL		Rocky Hill Cemetery	Woodsboro Fre	ederick MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR G. DO 1621 Opossumtown	DUGLAS STAUFFER n Pike, Frederic	111		andson-hands

1-15100	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH		4 0	4
10190		CEASED NAME FIRST		Henry		oeh <b>r</b>	REG. NO.	DAY YEAR	26. HOUR
der, peg	1.5E		4. RACE	hite	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
10 10 P		RTHPLACE (STATE OR FOREIGN COUNTRY)  nnsylvania	76 CITIZEN OI	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Frederick Coun		
11/4	io c	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET PICK MEMO	IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING LI Railroad Forem	126 KIND C FEI INDUSTRY A.M. ROU	F BUSINESS O
6	13a.		ME OR OTHER INSTITUTION OUNTY ederick	13c. CITY OR TOW Frederi	/N_	13d. INSIDE CITY LIMITS? YES A NO	31 E. Patrick	Street/	21701
mpletely mpletely	14 F	Samuel	WIDDIE	Stoehr		15. MOTHER'S MAIDEN NA Magdelena	ME MIDDLE	Mar	graf
Page /		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S. GIVE WAR OR DATES)	716-01-		Richard S. S	14729 Lew toehr, Clarksbur	isdale g, Md.	Road 20871
s certificate ding physic or temporal or temporal		18 CAUSE OF DEATH (Enti- PART I. DEATH WAS CA IMME	DIATE CAUSE (a)	or AS A CONSEQUE	rage	instog den	est	BETWEEN	MATE INTERVAL ONSET AND DEATH
a that the dead ed by the atten sleave remains or other traum		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	b (b)_e DUE TO, (c)	OR AS A CONSEQUE	ENCE OF	e Arterin	e		
e for require for permit There me price to bu	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	IN CERTI	S, WERE FINDIN	NGS USED
SICIAN. TO 9 physics certificate rigit paint entil Hygi-	CAL	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXAL	F DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR		RED   ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
Alter this or the buy	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
R ATTENDI hospitul or RECTOR. A sed for use pit of Heal		220.1 certify that (1) (this- saw the deceased ally abave, (1) (we) (did) (di 22b. SIGNATURE (	e on _ / -	ly after death.		nd that in (my) (our) apinian.	death accurred on the date and ha		
HOSPITAL OF FUNERAL DIF FUNERAL DIF FUNE A STORE DI MIT DE STORE DI MIT DI STO		22d. PHYSICIAN'S NAME O	11	NAW, M	.0.	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	7/0	100-217
BP OF STATE		BURIAL, CREMATION, REMO	VAL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY  eek Cemetery	23d LOCATION CITY OF TOWN New Texas, Al	legany.	STATE PA.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR Smith	Keeney	& Basiond	Funer	ral Home	TE REC'D. BY REGISTRAR 256. REGIS		

The Shutter Carl

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGERNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME DAY 2b. HOUR (TYPE OR PRINT) CONCheto 4:05 P THO MAS 1 SEX 5. DATE OF BIRTH Pb 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR NO 15 MOTHER'S MAIDEN NAME (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY. METARTANE IMMEDIATE CAUSE 10). CANZER DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 71 PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. 16 sow the deceased alive on\_ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated aboye, (1) (we) (did) (did not) view the body after death. 226. SJGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIANS NAME (TYPE OR PRINT) 22e. ADDRESS ould b MPORT 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE DHMH - 16 60M 7/84 Devidos no Pa (VRA 15, 4)

Felow 1 1 - 9 10 Feb 6 1935 53 Fred. Md USA x Fredorich Fred Manarial Hospital R. Presser Hartz Co. 1118. Fred Brank & sos East Patomac St. Kobert Rufus Wars Maria Chicabeth, Wester Bund July 19, 18 18 Port Heyer's Control Bunk. Fred Pad.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers: Page's and 2 should be filed writhe 71 fluors after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical expenses registed in marked. moy be G NDING PHYSICIAN: The law requires that the death certificate

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HY GENE O CERTIFICATE OF DEATH

ı		CEASED NAME	FIRST	0	MIDDLE	ı	AST	1 2	DATE OF DEATH MONTH	DAY	YEAR	26 HOU	JR
	(TYPE	ORPRINT) MAK	2GAK	CET (	CECEL	IA	TIBBS		7	14	88	111	OS AM
	3. SE)	X	3 4 6	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	MONTHS	R I YEAR	IF UNDER	24 HRS
		Female		Whi	te	Nov	4	_	79 YR:		DATS	HOURS	Milly,
		RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8	D NEVER MARRIE	9	BALTIMORE CITY OR COUN		ATH		
2		Virginia		U.S	·A.	WIDOWE			Frederick Co	unty,			MD.
7		TY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION		20 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING		KIND O	F BUSINE	ESS OR
Z	-	Frederick		Frede			Hospital		Homemaker	7 (17 ()	-	949 949	100
1	13a. S	AL RESIDENCE (IF NURS	136 COU	VIY	13c. CITY OR TO Knoxvi		13d INSIDE CITY LIMI	ITS?	Se STREET ADDRESS / ZIP CO				
2		aryland	Fred	erick	Knoxvi	lle	YES NO	-	1328 Jefferso	n Pil	ce-	2175	8
1	14 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDE		WIDDLE		She	T .	
1		Henry			Shupe		Kathe	rine					
2		VAS DECEASED EVER		VE WAR OR DATES)	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		4102 Buck	eyst	own :	Pike	
		No			217-56-	0428	Gerald T	ibbs	, Sr., Freder	ick,	MC .	217	01
		18 CAUSE OF DEATH	H Enter ar	nly ane cause per	line far (a), (b), (	and (C)	12 00 18				APPROXI	MATE PATES	SPA:H
	. 14	TAKI I. DEAIII W		TE CAUSE (0)	m	wo	~				10	de	1/2
				DUE TO, O	R AS A CONSEQ	UENCE OF	0.0		1.0	1	1.		0
		Canditions, if any, gave rise to imm		(6)	190	emore	_ cell can	rine	me of over can	4	1 4	Tron	
		cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQ	UENCE OF			,			0	
	0			(c)_									
	z	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMIN	AL DISEASE OR CONDITION	GIVEN IN	PART lic	1	
	AT10	19a DATE OF OPERAT	TION	19h COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b. IF	YES, WERI	FEINDIN	CS LISE	D
4	CERTIFICATION	THE DATE OF STERM		170 00110		Or ENATIO	TO TENT CHANGED		YES NOW	YES -	CAUSES	OF DEAT	TH?
_	ERT	21a. ACCIDENT WAS UND	DERLYING [	7 21b. TIME O	FINJURY		21c HOW INJURY O	CCURRED	(ENTER NATURE OF INJURY IN ITEM		PART 2)	NO L	
		OR CONTRIBUTING		ALD .	M. MONTH	DAY YEAR	- CALL TO						
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION			-			
	ME	WHILE NOT WH	ILE	. (AT HOME, STA	EET, FACTORY, OFFICE	E FARM, ETC )	STREET		CITY OR TOWN	(0	UNTY	5	STATE
		22a.l certify that (I)		ital) attended th	e deceased fram		7/5 10	86	7/14	10	6	that (1) (	ve) last
		saw the decease above (1) (we) to		//	1-1	7/	nd that in (my) (aur) as	oinion dec	ath accurred an the date and t	naur and t	ram the	causes str	ated
		22b SIGNATURE	alayidid no	New the body	after death.		DEGREE			27	c. DATE	SIGNED	
			8	Illian		1	1) ATTENDI		MEDICAL STAFF		7-	14-	86
		22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT)			22e ADDRESS		4 -				
		WK	TNE	All	GAIDE		Br	'uns	SWICK MY	) (	217	16	
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION				
	{	SPECIFY) Buria	1	July 1	7,1986	Luther	an Cemeter	у	Jefferson,	Frede			Md .
-	24. FL	NERAL DIRECTOR	h. Ke	enev & I	Rasford	Eunera	1 Home 25	a. DATE R	EC'D. BY REGISTRAR 256, REG	ISTRAR'S	SIGNATI	URE _	
	106	East Chui	rch S	treet, I	rederic	k, Md.	21701	ULZ	1 1900 E pro	Dependen	N. Year	dath.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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			8,21a FOR STATE 9/			a, Film G	619 STA	HEALTI	MARYLANI H AND MEI	D NTAKHY	(CHENE	2 (	) 4	0 5	
00-	12852		REGISTRAR		80 K		DICAL EXAMIN					REG	, NO.	-9	
	OR. LES. URS EET,		CEASED NAME OR PRINT)	ΙE	Ann	J	enkins	T	ownsend	i		ATE KNOWN OF ESTI- ATH MATED	- Ju	14/19 86	26 HOUR
Y	A COLUMN TO THE		male	4 RAC	te		, 1906 LAST 800	PAY) MONT	HS DAYS	HOURS	MIN PROM	DATE NOUNCED DEAD Ju	MONTH	15/1986	24 HOUR 8:00 P M
0		F	ennsyl	vani	a		5.A.	WIDOV	IED X NEVE	DIVORCE		Freder	ick Co	ounty,	MD
1	A STATE OF THE STA	6	rreder Freder	ick		(IF NOT IN SUCH FA	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)  Centre St		HER INSTITUTI	ION	12ª USUAL C	CCUPATION OF WORKING (IFE)	(TYPE OF WORK	OR INDUSTI Medical	RY
21201	AND 3 RETAIN RETAIN RECORD	Illa S	i residence tate arylan	d.	136 COUNT	ROTHER INSTITUTION, G TY <b>derick</b>	13. CITY OR TOWN Frederick	ION)	134 INSIDE CITY	NO 🗌		odress enter	St., 2	1701	4
BALTIMORE, MD.	CAN SEE TO SEE T		ATHER'S NAM ERST EVEN			WIDDLE	Jenkin			usan	NAME	MIDDLE		William	
MITIMO	S AFER SONE PARTER FOR PAGES I VISION (	16a V (Y	VAS DECEASE ES. NO, OR UNKNI NO	D EVER	IN U.S. ARM HIF YES, GIVE V None	AED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		Gordon		ownsen			r Street	21701
DS, 201 W. PRESTON ST.	ECUTED WITHIN 24 HOU IG" IN PENCIL IN ITEM 18 44 EXAMINER ALONG V BURRAL TRANSIT PERMIT AND MENTAL HYGIBLE. I ATION, OR REMOVAL.		Canditic gave r cause (a lying ca	ens, if coise to use lost.	IMMEDIATI IMMEDIATI Inny, which immediate I the under-	PBY: A r E CAUSE (o) A r DUE TO, OR (b) DUE TO, OR	efor (o), (b), and (c).)  terioscle  As a Consequence  AS A Consequence  BUT NOT RELATED TO THE TEXT	OF OF	D	)isea	se	Card	liovas	APPROXIMATE BETWEEN ONSE	
AL RECOR	SHOULD BE DORD "PENDING CHIEF MEDICE E USED AS TOF HEALTHURIST CREW	CERTIFICATION	IPa DATE O	Нув	perth	ermia	TION FOR WHICH OPE							20 AUTOPSY	?
DIVISION OF VITAL RECORDS, 201	CERTIFICATE SHOULD BE DECUTE TING THE WORD "PENDING" IN SED TO THE CHIEF MEDICAL BY 3 SHOULD BE USED AS ABURIN DEPARTMENT OF HEALTH AND I PRIOR TO BURIAL, CREMATION		21a EXTERN UNDERLYING CONTRIBUT	G 🔯	ÓR	EATH: P.N	1. MONTH DAY YEA	D	ow MJURY C					YES X	in
DIVISI	WARDED PAGE 3 SH TATE DEP/	MEDICAL	21d INJURY O WHILE AT WORK				OF INJURY (AT HOME, TORY, FARM, ETC.) 1 €		CATION STREET 1.0 Cen	ntre		or town reder		Md.	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIESTOR; PAFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 3		22a I cert death result ACTUAL SKENATURE EXAMINER'S (TYPE OR PRI	red from	: Natura	ol coluses	Accident , So	uicide	Hamicid TITLE (SPE	ECIFY) stant	Undetermin	EXAMINER	and in my a , DATE SIGNI	pinian ED	86
07/B4	Bb 538	(9	Burial		EMOVAL 23	July 18,	1986 Forres	METERY	R CREMATOR	etery	23d LOCATH	or, La		a, Penna	ATE
25M	DHMH - 17 (VR A15 ME (5))		Smith, 106 Ea	vee	ney an	nd Basfor St. Fre	d Funeral Federick, Md.	Iome 217	71	UL 2	1986	STRAR 256 R	EGISTRAR'S	SIGNATURE	

The same of the Anten America (Color In the Color In the Col

ACT CONTRACTOR OF THE PROPERTY State to a work of the Market of the Control of the supply mother. It's a first and and an income 

Home, Martinsburg, W.V.

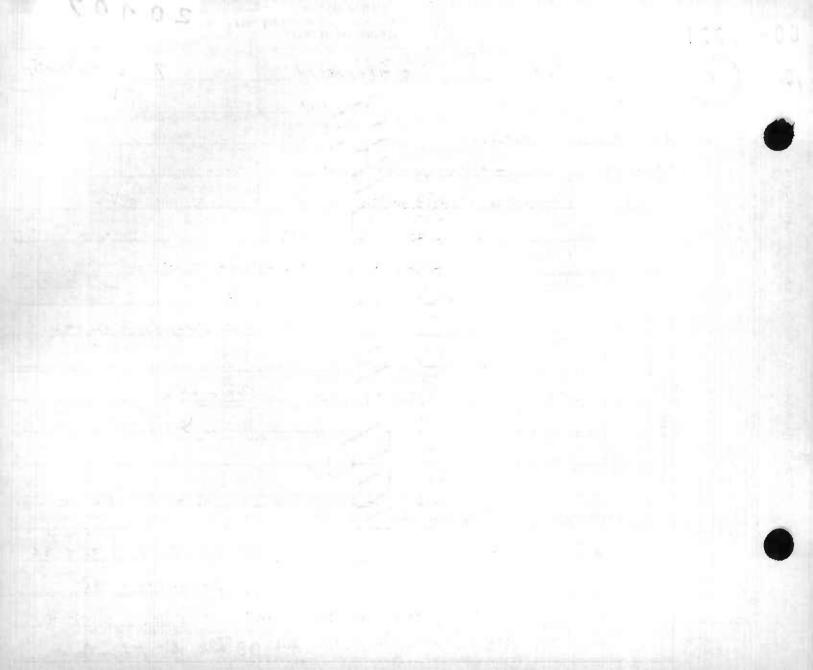
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Brown Funeral

DHMH - 16 60M 7/B4

(VRA 15. 4)



Chromine minn to the Minn of the State of th Tomas Johnson - 10.00 - 10.00 - 10.00 - 10.00 -366 366 14000 14000 Mile . All (District Colors of the colors of arvo d'envie tanà Contur, Erodorias, Mar-The state of the s

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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2	0	do	0	9
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REGIST	RAR		*	CEKIII	FICATE OF DEATH		REG. NO.		1
1 DECEASED I	NAME FIRST		MIDDLE		LAST	20 DATE OF D		DAY YEAR	2b HOUR
(TIPE ON PRINT)	CHAF	RLES FI	LOYD	WILL	ARD	July 6	. 1986		6:30 AM
3. SEX		4 RACE		5. DATE		6 AGE (IN YEAR		IF UNDER 1 YEAR	
Ma	le	Caucasi	Lan	Marc		67	YRS	MONTHS DAYS	HOURS MIN.
	E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		_ P BALTIMORE	CITY OR COUN		
Marv1	and	USA		WIDOWI	ED NEVER MARRIED	Freder	ick		MD
10 CITY OR TO	OWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	12a USUAL OC	CUPATION R MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
Thurm			st Moser I			Ret. C	arpenter	N	one
IJE STATE	13b. C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS	? 13e STREET AD	DRESS / ZIP CO	DE	
Maryla		rederick	Thurmon	nt	YES NO X	44 Eas	t Moser	Road	21788
14 FATHER'S N	NAME IRST	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	NIDDLE	14	151
Ha	rvey	C.	Willard		Lillie		C.	Carb	augh
160 WAS DECI	EASED EVER IN U.S	ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS 104	6 W. Pa	trick St
Ye		WII	213-01-9	9276	Mrs. Viola	Armstron			
I8 CAU	SE OF DEATH Ente	er only ane couse pe	r line for (a), (b), an	dici o					XIMATE INTERVAL
PAR	TI. DEATH WAS CA	NUSED BY: DIATE CAUSE (0)	Cardi	Ka,	~~~				
	IMME			J		\ \ \			
Conditi	ians, if any, which		R AS A CONSEQUE	INCE OF	anting.	de			
gave	rise to immediate	e	D 16 1 601 660 1						
	ying couse last		R AS A CONSEQUE	NCE OF					
PART 2	OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	R CONDITION C	SIVEN IN PART 1	0 =
	No are		م مد	ecider	= Dinhe	to 1 sei		Como )	Sur.
19a DATI	E OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		ES, WERE FINDI	
HE I		200				YES 🗆 N	8.0	TIFYING CAUSES	S OF DEATH?
210. ACC	IDENT WAS UNDERLYING				21c HOW INJURY OCC				
	TRIBUTING CAUSE O	POENIA	.M. MONTH D	AY YEAR	0.00				
2 -	URY OCCURRED		OF INJURY	19	211. LOCATION		-		
WHILE AT WORK	NOT WHILE	[AT HOME ST	REET FACTORY, OFFICE, F	ARM ETC )	STREET		ITY OR TOWN	COUNTY	STATE
	,	nospital) attended th		,	, 19_8	4 , to		1986	that (1) (we) last
sow	the deceased alivery (1) (we) (did) (di	e an	ofter death	6_,0	nd that in (my) (our) apir	nan death occurred o	n the date and h	auı and fram the	causes stated
	NATURE	VETER PE			DEGREE			22c. DATE	SIGNED
	13	J.			ATTENDIN PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7/7	7/86
22d. PHY	SICIAN'S NAME IT	YPE OR PRINT)			22e ADDRESS				
K11	say Baral	kat. MD			335 Park	Avenue, F	redericl	c. Marvl	and 2170
	REMATION, REMO		23c N	NAME OF C	CEMETERY OR CREMATO				2270

DHMH - 16 60M 7/84 (VRA 15, 4)

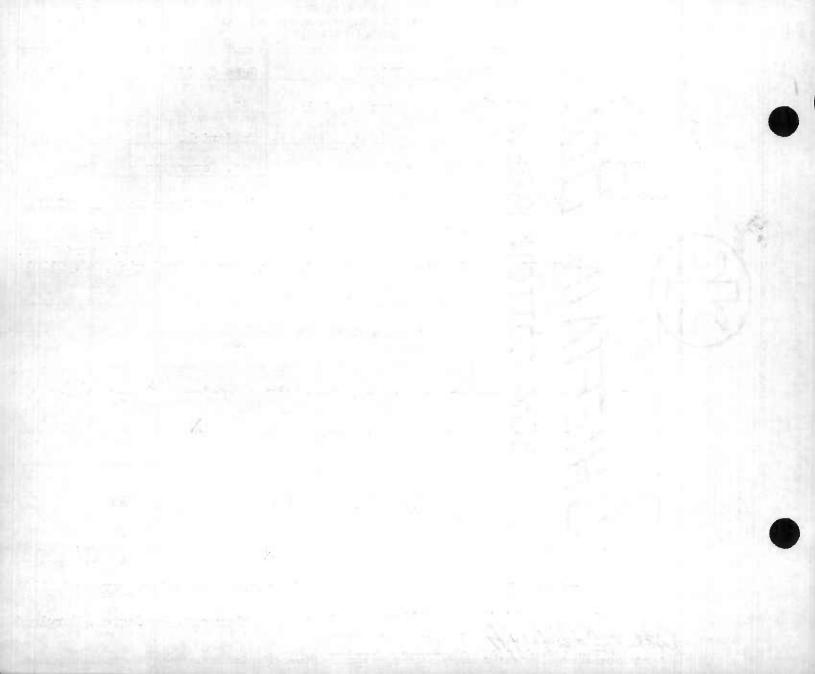
7/9/86

Wellers Cemetery

Thurmont, Frederick, Maryland

25a DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

615 East Main Street Thurmont, Maryland



20	73								E OF MARYLAND	23 2	Ph N		3 23
1-1	287	2	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH		2 U	4	U
				OR PRINTI	FIRST		MIDDLE	L	AST	20. DATE OF DEATI	MONTH D	AY YEAR	26 HOUR
be	oge 3 deoth		1,111	BE	TTY	JA	ANE	YEA	+GER	JULY 1	3,198	6	10:47 PM
MO.	. po		3. SE	(		RACE		5. DATE C	OF BIRTH	6. AGE IN YEARS LAS	( BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	urs of			Female		Whit		Jak	ruary 20, 192		YRS	ONTHS DAYS	HOURS MIN.
1	-	20	7a. 81	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT			
Æ	63	3		Maryland			.A.	WIDOWE			rick Co		MD.
1	25/	1/		TY OR TOWN OF DEA	TH	. (IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET /	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION ST OF WORKING LIFE	12b. KIND C	OF BUSINESS OR
-		37		rederick			ch FACILITY, GIVE STREET		spital	Homema	ker .	Home	e
24 hou	filled in		13a S	at RESIDENCE (IF NURS TATE aryland	13b_COUN		136. CITY OR TOWN	٧.	13d INSIDE CITY LIMITS?	13. STREET ADDRES	ss/zip code Market	St., 2	21701
t c	2 sh	5	14. F.A	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
» Po	ond o	(a) /		Norman		rison	Lawrence		Blanche	Bel le	E	Feese	r
se execut	n ond co	medical	160 V	VAS DECEASED EVER	IN U.S. ARA (IF YES, GIVE NO	MED FORCES? WAR OR DATES) NO	217-18-83		William H. Ye	eager, 433	South I		Street
equires that the death certificate	n signed by the ottending physici Then please remove corbon paper to buriol, cremotion, or removol.	injury, or other troumotic event, th	NOI	PART 2 OTHER SIGN	which nediote g the lost.	DUE TO, O  DUE TO, O  DUE TO, O  (c)	TER MIA R AS A CONSEQUE	NCE OF	GASTIVE ON THE TERM	CANCER INAL DISEASE OR C	METAS	MANC	IMAJÉ INTERVAL ONSET AND DEATH
he low r	hos bee t permit ene prior	Shew ony	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
SICIAN, T	SOL	hem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT		OF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2)	
JG PHYS	ter this of the burner of the	rkedor	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	3.16		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
I OR ATTENDIA	N DIRECTOR: After the Dept. of Healt	: If kem 21 is mo		270-1 certify that (1) sow the decease obove (1) (we) (c 27b. SIGNATURE			13		DEGREE  ATTENDING PHYSICIAN D		TAFF	ond from the	
O HOSPITA	TO FUNERAL should be deto	MPORTANT		22d PHYSICIAN'S NA SETTOR			co, M.O.		187 Thomas of	Hoor Ane		M.	21701
В		_	E	SURIAL, CREMATION, SPECIFY) UTIAL	10	236. DATE Jul 17	, 1986 Mt		emetery or crematory vet Cemetery		ck, Free		
	NH - 16 60M (VRA 15, 4)		S	mith, Keen 06 East Ch	ey and	d Basfo	ord Funera	1 Hom	150. DAT	REC'DI BY REGISTE	ARI 25b. REGISTR	RAR'S SIGNAT	URE

DE COMP INTEREST ES CONTROL EC A lead of the control 